

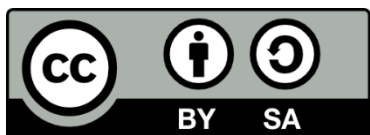


COMMONWEALTH *of* LEARNING

**Out-of-School Parenting Girls'
Learning Pathways in Rwanda:
Building Resilience through Identity
Formation and Mentorship**

The Commonwealth of Learning (COL) is an intergovernmental organisation created by Commonwealth Heads of Government to promote the development and sharing of open learning and distance education knowledge, resources and technologies.

© 2023 by the Commonwealth of Learning



Out-of-School Parenting Girls' Learning Pathways in Rwanda: Building Resilience through Identity Formation and Mentorship is made available under a Creative Commons Attribution-ShareAlike 4.0 International Licence, <https://creativecommons.org/licenses/by-sa/4.0/>.

For avoidance of doubt, by applying this licence, the Commonwealth of Learning does not waive any privileges or immunities from claims that they may be entitled to assert, nor does the Commonwealth of Learning submit itself to the jurisdiction, courts, legal processes or laws of any jurisdiction.

This report has been prepared collaboratively with input from several individuals. Initially conceptualised by Dr Tony Mays, Education Specialist: Open Schooling, the research plan was developed and implemented by Dr Evode Mukama with support from Mr Felix Micomyiza, from the University of Rwanda—College of Education.

Published by:



4710 Kingsway, Suite 2500

Burnaby, British Columbia

Canada V5H 4M2

Telephone: +1 604 775 8200

Fax: +1 604 775 8210

Web: www.col.org

Email: info@col.org

Table of Contents

List of Abbreviations	5
Executive Summary.....	6
Background to the Study	7
Introduction	8
Literature Review	10
Causes and risk factors of teenage pregnancies	10
Factors associated with school dropout among teenage mothers.....	12
Resilience among teenage mothers	13
Identity formation among teenage mothers.....	15
Mentorship among teenage mothers	16
Methods	17
Findings	19
Impact of teenage pregnancy on school dropout.....	19
Coming back to school: A hard decision to make.....	20
Self and the formation of a new identity	22
Teenage pregnancy: “I had the feeling that my future was compromised” [Interviewee 1]	23
From despair to resilience	25
Mentorship at school and beyond	28
Conclusions and Recommendations.....	30
References	31
Appendices.....	37
Appendix 1: Desktop analysis on early and unintended pregnancy and emerging themes	37
Appendix 2: Process to request informed consent.....	40
Appendix 3: Explaining group interview rules	41
Appendix 4: Data collection instruments.....	42
Initial group interviews (Dropping out of school).....	42
Mid-line group interviews (Back to school).....	42

Endline group interviews (Perspectives)	42
Appendix 5: Illustrative Personal Stories	44
Initial interviews (Interviewees 1–4)	44
Initial interviews (Interviewees 5–7)	46
Mid-term interviews (Interviewees 1–4).....	49
Mid-term interviews (Interviewees 5–9).....	53
Final interviews (Interviewees 1–4)	57
Final interviews (Interviewees 5–9)	65

List of Abbreviations

COL	Commonwealth of Learning
NGO	Non-governmental organisations
NISR	National Institute of Statistics in Rwanda
OOSPG	Out-of-school parenting girls
RDHS	Rwanda Demographic and Health Survey
REB	Rwanda Basic Education Board
RTB	Rwanda TVET Board
SRH	Sexual and reproductive health
TVET	Technical and vocational education and training
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive Summary

Large and growing numbers of young people are in neither employment nor education and training. Many of them are young mothers (termed “parenting girls” in this report). When the Commonwealth of Learning’s Open Schooling initiative heard that Rwanda was having some success in getting young people back into school, it commissioned a study to get a better understanding of the learning pathways involved.

Focus group interviews were conducted over several months with parenting girls who had returned to education. In these focus groups, the researchers explored how the girls’ pregnancy and subsequent dropping out of school had impacted their lives, the factors that led them to return to school and the factors that could help build their resilience to remain in school.

This report draws on the study findings and makes the following recommendations in terms of what steps stakeholders can take to get parenting girls back into education and stay there:

- Develop a strong family or community support network.
- Provide opportunities for individual and group counselling and mentoring.
- Offer a curriculum that is more aligned with finding employment or self-employment.
- Offer a more flexible learning pathway that uses blended and online learning and is structured so that out-of-school parenting girls (OOSPGs) can balance their study and childcare needs and do not need to be away from home for extended periods.
- Create and formalise OOSPGs’ resilient communities for sustainable futures through a research project or an exploratory intervention. This project may include the development of policies and practices for open schooling to help OOSPGs and young mothers continue their education and acquire further lifelong learning skills to be able to enter the job market. Consider continuing the proposed initiative with the schools and the participants who were involved in this study to offer them sustained and consistent support in this area.
- Work with the Ministry of Education in Rwanda and its affiliated agencies (the Rwanda Basic Education Board [REB] and Rwanda TVET Board [RTB] in the context of schooling provision) to develop policies and practices to help establish open schooling in Rwanda and increase advocacy to help out-of-school girls and parenting girls access education and training.

Background to the Study

In its 2021–2027 Strategic Plan, the Commonwealth of Learning (2021) observes:

Working with ministries and institutions, open schooling can contribute to advancing the goal of 12 years of quality education for every girl in the Commonwealth. The focus will be on out-of-school girls in Sub-Saharan Africa. (p. 11)

This focus is informed by an understanding that “Gender equality is not a ‘women’s issue’ but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people centred development” (Hannan, n.d).

Moreover, investment in girls and women is good for development more generally (OECD, 2016). However, several factors contribute to girls’ not completing schooling, including not returning after they have dropped out. Mahapatra and Kumar (2020) note that some of these factors relate to culture and tradition — for example, child marriages, child labour, poverty, household responsibilities, lack of appropriate sanitation in schools and gender-biased curricula.

Teenage pregnancy and lack of learning pathways back into schooling also contribute to the growing number of young people not in employment or education and training in Sub-Saharan Africa (Commonwealth of Learning, 2022).

When COL learned that this issue is being addressed in Rwanda, it commissioned the current study to try to understand which learning pathways might be effective for helping out-of-school parenting girls (OOSPGs) get back into schooling. It was hoped that the results of the study could be applied more generally.

Introduction

The problem of teenage pregnancies is a global health issue in both developed and low- and middle-income countries. According to a report by the United Nations Population Fund (UNFPA, 2022a), more than 21 million pregnancies worldwide occur among teenagers aged 15–19 every year. Approximately 10 million of those pregnancies are unplanned. In addition, 7.3 million births occur among girls under 18 years old every year (UNFPA, 2013). The World Health Organization (WHO, 2020) states that nearly 12 million girls aged 15–19 and almost 777,000 girls under 15 give birth in developing countries every year. According to UNFPA (2022a), once a girl becomes pregnant, her life undergoes long-term drastic, generally negative, changes. Moreover, UNFPA (2022a) states that one in three mothers currently aged between 20 and 24 gave birth for the first time when they were still children — that is, under 17 years of age. In Africa, between 2015 and 2020, the adolescent birth rate was 105.2 per 1,000 girls and women aged 15–19 years old (WHO, 2022).

In Rwanda, the birth rate among girls and women aged 15–19 was estimated to be 31.8 per 1,000 births from 2012 to 2020, and 45 per 1,000 births from 2015 to 2019 (UNFPA, 2022a; WHO, 2022). Both UNFPA and WHO say that over 60% of first-time births in Rwanda occur among girls under 18. The recent Rwanda Demographic and Health Survey (RDHS) report shows that 5% of girls and women aged 15–19 have been pregnant at least once and that 1% of this age group is currently pregnant (Government of Rwanda, 2021). Despite the slight reduction in the number of teenage pregnancies in recent years, the overall trend between 2005 and 2015 has been upward, moving from 4.1% to 7.3%. Teenage pregnancy is very much still a social and developmental issue in Rwanda (Gender Monitoring Office, 2018).

UNICEF (2022) reports that over 346,600 girls in Rwanda are married before the age of 18, with 36,600 of them marrying before the age of 15. Furthermore, UNICEF indicates that 44% of girls give birth before the age of 18 and 51% give birth before the age of 17. As reported by the Gender Monitoring Office (2017) in 2017 alone, over 17,000 adolescent girls became pregnant. The figure is estimated to be much higher, as many cases go unreported. The Girl Effect Rwanda (2020) report states that in 2018 alone, more than 19,000 girls in Rwanda became pregnant, an increase of 2,000 teenage pregnancies in just one year (pp. 6–7).

According to the Center-For-Human-Rights (2018), early childhood marriage causes low enrolment and retention rates in education and contributes greatly to school dropout rates because adolescent girls who get married are likely to become pregnant immediately.

Wodon et. al. (2018) assert that keeping girls in education has proven to be a key factor in avoiding child marriages and delaying teenage pregnancies. They explain that “each additional year of secondary education is associated with lower risks of marrying as a child and having a child before age 18 by about seven percentage points on average” (p. 7), and that achieving universal secondary education would reduce the prevalence of teenage pregnancies by up to 75%. Currently, over 50% of girls in South Asia and over 67% in Sub-Saharan Africa drop out of school, and only 38% and 26% in Asia and Sub-Saharan Africa respectively finish upper-secondary school (UNICEF, 2021). These same regions have the highest rates of teen pregnancies and child marriages (UNICEF, 2022).

The Government of Rwanda initiated a series of policies and strategies to help parenting girls develop resilience and ensure their inclusivity in developmental programmes. As noted by the Ministry of Education in Guyana, several policies, including education policy and gender policy, can contribute to ensuring that adolescent mothers and pregnant teens are offered equal educational opportunities (Ministry of Education, Guyana, 2018). The *EICV5_Gender Thematic Report* (Government of Rwanda, 2018) indicates that the overall net attendance in primary school of female students is higher than that of male students (88.2% and 87.1% respectively). This is not the case in rural settings compared to urban settings. In urban areas, the attendance rate for female students is lower than that of male students by four percentage points (85.3% and 89.5% respectively). The trend is similar in secondary schools in urban areas where, in the city of Kigali alone, the net attendance is 36.7% for female students and 42.0% for male students. These figures indicate that there is still a gender-based gap in school attendance rates caused by dropout. The report also shows a gender-based disparity in school education attainment rates: 6.4% of female students complete lower-secondary school compared with 7.4% of male students; this rate drops even further at the upper-secondary level (5.9% of female students and 7.0% of male students).

According to its national gender policy, the Government of Rwanda aims at closing gender gaps across all sectors by speeding up effective gender mainstreaming and supporting gender-responsive

interventions. The initiatives include mechanisms to reduce discrimination against adolescent mothers and to help them reintegrate into society, boosting the teenagers' knowledge about birth control and sexual reproductive health in the context of gender while doing so (Ministry of Gender and Family Promotion, 2021a). Some interventions have been introduced in the education sector through the provision of technical and vocational education and training (TVET) to encourage education. Among 102,393 trainees enrolled in TVET in 2020/21, 44.2% were female and 55.8% were male. The percentages increased slightly between 2020 and 2021 — 46.7% female and 53.3% male — although the gender-based gap persists (Ministry of Education, 2022).

The Ministry of Gender and Family Promotion (2021b) states that some measures have been put in place to facilitate the re-enrolment of parenting mothers in school by revoking the suspension of pregnant girls from school and encouraging them to continue attending classes as long as they can. These measures also include establishing early childhood development centres where parenting girls are encouraged to take their children to be looked after so they can pursue their education unhindered.

It is within this context that the Commonwealth of Learning (COL) helped the University of Rwanda to undertake an analysis of out-of-school parenting girls (OOSPGs) in Rwanda, learning pathways open to them to access some form of open schooling, and any available data on retention, success and throughput for those who subsequently returned to school to make recommendations for a possible open schooling intervention.

Literature Review

An initial review of the literature identified several emerging themes (outlined in Appendix 1) that informed the structure of this section.

Causes and risk factors of teenage pregnancies

Teenage pregnancies are linked to numerous factors, some of which are related to socio-economic, demographic and environmental contexts. Various studies have identified individual and collective factors that are associated with teenage pregnancy and adolescent childbearing. One socio-demographic factor that has been identified as increasing the risk of teenage pregnancy is parents divorcing. A study conducted in Eastern Ethiopia (Mezmur, et al., 2021) showed that teenage pregnancy is higher among teenagers whose parents are divorced than among those with married parents. If parents are unavailable

at home due to heavy workloads or conflicts with each other, or either or both parents are dead, there is an increased likelihood of sexual activity at an early age and teenage pregnancy. It has been shown that adolescents whose father was absent from home when the children are as young as five have higher rates of sexual activity and pregnancy (Samano, et al., 2017). These findings were reflected in a study conducted in the Volta Region of Ghana, which found that a lack of affection in the home can influence teenagers to seek love and affection outside their home. Among the participants in that study, most of those who became pregnant in their teens were from conflict-prone homes (Morgan, et al., 2022).

Teenage pregnancy rates are also correlated with adolescent school dropout. According to UNFPA (2022b), teenagers who drop out of school are more at risk of getting pregnant and being married early than teenagers who stay in school. Political and social conflicts that result in families' being displaced in many countries also contribute to this situation (UNFPA, 2022b). Several studies show that adolescents with a good formal education are less likely to experience pregnancy because they are more knowledgeable about the risk (Mezmur et al., 2021). In addition, a study conducted in South Africa about the prevalence and determinants of adolescent pregnancy demonstrated that school dropout is a risk factor and that adolescents who get pregnant are at high risk of discontinuing school (Amoateng, et al., 2022).

Socio-economic factors that are associated with increased risk of teenage pregnancy include household wealth index, household size, household income and adolescent income. As shown by Amoateng et al. (2022), adolescents in families with a good income are less likely to experience teenage pregnancy than adolescents in low-income households. This finding is reinforced by the fact that teenage pregnancy rates are higher in low-income countries than in middle-income and developed countries: up to one third of all women start having children during adolescence in low-income countries (UNFPA, 2022a). Furthermore, UNFPA (2022a) notes that 95% of births to adolescent mothers happen in low- and middle-income countries. This further corroborates the association between income level and teenage pregnancy. In fact, a study conducted in Ghana suggests that poverty is the main influencing factor in the context of teenage pregnancy (Morgan, et al., 2022).

Mezmur et al. (2021) argue that family history, living in rural areas, climate change and displacement are also factors that can influence the likelihood of teenage pregnancy. Teenagers whose elder sisters or

mothers were parenting girls are more likely to experience teenage pregnancy. A study conducted in the United States, for example, showed that some teenagers become pregnant as a result of imitating, albeit possibly unconsciously, their mothers who also became pregnant as teenagers (Akella & Jordan, 2015). Some adolescent girls are also influenced by peer pressure and social media. They are bombarded by information about sex from their peers and are exposed to sexually exciting content, all of which spur sexual curiosity and push them into early sexual experiences (Morgan et.al., 2022). Zulaika, et al. (2022) explain that during population-level emergencies, including displacement and/or social disruptions of any kind — for example, the COVID-19 pandemic — adolescent girls are the group most vulnerable to sexual and reproductive harm.

Factors associated with school dropout among teenage mothers

When a girl becomes pregnant, she is at high risk of discontinuing her studies and thus halting her educational progress and achievement (Mott & Marsiglio, 1985). This results in part from the discrimination and stigmatisation that many pregnant girls face from their peers while at school, especially when the pregnancy becomes visible, and from the fatigue they experience from going to school while pregnant (Ruzibiza, 2021). However, some studies argue that teenage pregnancy is not the direct cause of school dropout, but rather a factor associated with poor economic and social status, both of which are associated with increased risks of teenage pregnancy (Samano et al., 2017). In a recent study from Cameroon, Sobngwi-Tambekou et al. (2022) show that school dropout rates are prevalent among adolescent mothers who are sent away from their parents' houses after they become pregnant, and that adolescent mothers who are not supported by the father of their children or who have more than one pregnancy have a higher risk of withdrawing from their studies. Among the adolescent mothers who dropped out of school, 77% dropped out permanently (Sobngwi-Tambekou et al., 2022) because they have to take care of their children or start earning an income, or they, or their families, cannot afford education (Thanintranon et al., 2022).

Personal behaviours and knowledge about reproductive health can influence whether an adolescent girl will drop out from school or not. Adolescent girls who use modern contraceptive methods and have sexual relations with only one partner have extremely low school dropout rates (Sobngwi-Tambekou et al., 2022). Furthermore, supporting adolescent pregnant girls and mothers can increase the likelihood of their sustaining their studies. Initiatives like school-based prenatal care services to OOSPGs are helpful in reducing absenteeism and ensuring the girls will not suspend their studies indefinitely (Barnet et al.,

2004). Such initiatives can be supported by policies that facilitate the return to school of adolescent mothers and pregnant teenagers (Herrera & Sahn, 2015; Samano et al., 2017).

Resilience among teenage mothers

Studies have shown that OOSPGs face the consequences of being teenage mothers in different ways. Egeland et al. (1993) defined resilience as “the development of competence despite severe or pervasive adversity” (p. 517). It has also been described as a “positive adjustment in the face of adversity” (Haase, 2009, as cited in Peterson & Bredow, 2013). Multiple factors contribute to levels of resilience among teenage mothers, and they can be categorised as individual, social, economic and demographic (Collins, 2010). These factors are categorised at an individual level and structural level because resilience is not just an outcome; it is an ongoing process of development and finding meaning, which has different components in which the only interdependent elements are the concerned individuals (the adolescent mothers in this case) and their environment and circumstances.

Individual factors include motivation and responsibility — that is, the teenage mothers feel compelled to grow up faster and behave well, ensure they provide for their children and ensure their children grow up well. This motivates them to spend money wisely, save diligently and think about the future with focus (Collins, 2010, p. 17). In a study conducted by Kaye (2008), most of the young mothers who participated agreed that after giving birth, adolescents are highly motivated to return to serious studies and to be successful. The teenage mothers’ goals and aspirations also contribute to their level of resilience, helping them to look beyond present difficulties to focus on their future and their children’s future (Collins, 2010, p. 19). This also creates in them a positivity that helps them surmount the challenges of pregnancy, birth and motherhood and enables them to nurse and care for their children (Kaye, 2008).

Social support from family and friends also contributes to resilience in adolescent mothers: being in touch with caring people, whom they can rely on for friendship and who can provide emotional and social support, can help the girls acquire the skills and abilities they need for success in adulthood and motherhood (Collins, 2010, p. 24). In addition, when a teenager’s pregnancy is accepted by her parents and family, it can help her cope with the pressure of adolescent motherhood. Conversely, when teenage mothers are stigmatised, criticised and abused, either verbally or morally, teenage motherhood becomes

a significant burden and can contribute to the young mother feeling dissatisfaction with her offspring and a lack of fulfilment in the perinatal period (Kaye, 2008, pp. 3–4).

Conversely, in some cases stigmatisation from the community and family can result in self-imposed isolation by adolescent mothers which in turn can serve as a coping strategy, creating a space where they can rebuild themselves and their identity, and ultimately boosting their self-confidence (Ruzibiza, 2021, p. 772). Family can make a significant difference to the circumstances of an adolescent mother — for example, caring for the baby if the young mother goes back to school, providing financial help and offering advice on how to raise a child (Collins, 2010). Sámano et al. (2017) suggest that when the family supports an adolescent mother who wants to be in school, the young mother has a reduced likelihood of further pregnancies because her life prospects are different from those of young mothers who are not in school. The caregiving structure for a child born to an adolescent mother influences the mother's level of resilience as well: if the child's father and/or grandparents are present and contribute to the childcare, the parenting pressure on the young mother is alleviated. A study conducted by Arnold et al. (2011) showed that adolescent mothers who live with the father of their children experience less child-rearing stress than those who live alone.

However, as noted above, some adolescent girls who become pregnant face stigmatisation and isolation due to cultural norms. Some OOSPGs may not be able to cope with school because of mistreatment from their family — for example, the family may assign the girl an excessive number of household chores (Ruzibiza, 2021, p. 771). Teenage mothers are also often trapped between the pressures of being essentially still a child and being propelled into adulthood. This can negatively affect how they see their future and may strip them of their vision for the future (Velicu et al., 2022).

Parenting stress and distress also tend to challenge the resilience of an adolescent mother when she must balance the needs of her child's well-being with her need to provide financially for herself and her child. It has been shown that distress related to child-rearing is higher in adolescent mothers when they feel lonely (Arnold et al., 2011). Most teenage mothers face increased responsibilities, including increased work, which can result in their not paying attention to their personal needs.

Identity formation among teenage mothers

Teenagers seek to answer the question “Who am I?” (Koni, et al., 2019). The personality traits of a teenager have been shown to be strong determinants of the timing of her transition into parenthood. Trentacosta, et al. (2010) conducted a study about adolescent personality and found that positive personality traits in adolescent girls — for example, positive emotionality — are associated with later entry into parenthood. Teenagers who become mothers, and who accept the associated responsibilities of being mothers, can experience emotional and mental distress such as guilt, shame, fear, worry and frustration because they feel ill-equipped to take on a maternal role and child-rearing (Mangeli, et al., 2017).

Some teenagers experience mixed feelings about becoming a mother: negative feelings resulting from regret over a missed life with friends and peers and joy and an enhanced sense of responsibility relating to caring for the baby (Erfina, et al., 2019). They may feel conflicted because they want to spend time enjoying themselves with their friends and having fun but at the same time, they need to take care of their child (Mangeli et al., 2017).

Teenage mothers who were involved in high-risk activities and self-destructive behaviours before they became pregnant find that becoming a mother changes their behaviours and attitudes (Lesser, et al., 2009). Moreover, adolescents who previously engaged in high-risk behaviours but who have some level of education and demonstrate some level of maturity have a strong sense of responsibility towards their children. This change may convey some positive self-perception.

Social support can influence how teenage mothers manage their new social identity. They may expect support from their parents, family members, neighbours and teachers to help them fulfil their maternal roles (Mangeli et al., 2017). Some OOSPGs rely on the support of their parents, grandparents or both to cope with the responsibilities associated with taking care of their baby and some may even expect to continue to be treated as children by their parents (DeVito, How adolescent mothers feel about becoming a parent, 2010). Support from their mothers and nurses can help adolescent mothers come to terms with and be confident about their new identity. Conversely, lack of support from peers and neighbours can create challenges for adolescent mothers trying to adapt to their new identity and can create feelings of loneliness and depression (DeVito, 2010).

Mentorship among teenage mothers

Pregnancy can be a challenging time for women at any age (Watts, et al., 2015). As noted above, adolescent mothers find themselves in a particularly challenging situation, as they are essentially caught between two worlds: that of a child and that of a mother (DeVito, 2010). Mentors can help OOSPGs embrace their new identity as mothers (Macintosh & Callister, 2015).

For a mentee (adolescent mothers in this case), mentorship includes open communication, acceptance, understanding, empathy and mutually constructive conversations, and social support (Quarles, et al., 2005). Adolescent mothers need support to cope with a variety of life issues including childcare, money and education. Adolescent mothers who receive mentoring have a higher likelihood of completing their school education than those who receive no mentoring (Klaw, et al., 2003).

Support from the adolescents' own mothers has proven to be a major source of encouragement and can help adolescent mothers acquire parenting skills and develop a more objective view of their skills. One study has shown that adolescents who have high levels of emotional support from their parents have more satisfactory perceptions of parenting (DeVito, 2007). When an adolescent's mother is not available to offer support because of a fraught relationship between her and the adolescent, the adolescent's grandparents, aunts and other family members may step in to help and their involvement may prove crucial in mitigating the effects of the mother being unavailable (Daley, et al., 2013).

Clinicians and healthcare providers can also be useful sources of support to adolescent mothers. For example, they can help address and correct misconceptions about adolescent motherhood and counteract negative associations. They can help adolescent mothers become more optimistic and develop the confidence they need to approach their new identity head on (Macintosh & Callister, 2015). Healthcare providers can also guide adolescent mothers in developing a relationship with their newborn child by helping them appreciate and interpret the child's emotions — for example, by explaining the various reasons why the baby may be crying. In other words, a clinician or healthcare provider who acts as a mentor can help an OOSPG manage her feelings about her baby's emotions and interpret the baby's behaviours as clues to unspoken needs and state (Flaherty & Sadler, 2011).

Drawing from the literature review, this study tried to respond to the following research questions:

1. What learning pathways emerge from out-of-school parenting girls' experiences in the context of Rwanda?
2. How do out-of-school parenting girls address challenges they come across throughout their learning pathways?
3. What are the driving factors that can make out-of-school parenting girls' schooling successful and sustainable?

Methods

The first step consisted in undertaking a desktop analysis of out-of-school girls and young mothers in Rwanda, the learning pathways open to them to access some form of open schooling, and any data on retention, success and throughput at a national level.

We identified four schools that provide active support for previously out-of-school parenting girls and requested permission to engage with these learners to get a better understanding of their experiences and the factors that contributed to their return to education.

The four schools had 32 participants in total:

1. School 1: seven participants
2. School 2: three participants (there were originally five but two did participate at any stage)
3. School 3: six participants
4. School 4: 16 participants

School 4 had two groups:

1. Group 1: nine participants
2. Group 2: seven participants

The findings were drawn from Group 1 of School 4 (nine participants). In some group interviews, fewer than nine participants were involved because of absenteeism.

Every case is unique, of course, and to understand the uniqueness of each case, we felt we needed to study a few individual cases with in-depth analysis of individual storylines instead of searching for generalisations. We therefore decided to focus on one group for that purpose. We selected Group 1 from School 4 because its members were regular attendees and rarely absent compared to other groups.

The study involved the following activities for each of the four case study schools:

1. Describe the opportunity being offered.
2. Organise group interviews with OOSPGs about barriers/challenges they face in making best use of their opportunities.
3. Design an intervention to address the challenges faced by the OOSPGs.
4. Monitor the implementation of the intervention over a five-month period and provide monthly reports.
5. Organise group interviews to evaluate the impact of the intervention.

We also looked at the following points:

- ✓ **Eligible participants:** After the research team had visited the schools, we realised that the number of OOSPGs was significant. The research team consulted with COL and subsequently decided **to work with the groups of OOSPGs in school only**, rather than including out-of-school girls as originally planned.
- ✓ **Access to the schools:** The first step consisted of securing permission to work with the schools from their respective district administrations. The district mayors authorised the schools to take part in the project.
- ✓ **Participants' expression of informed consent:** Each school's management team held a meeting with their OOSPGs. After a presentation about the research purpose, objectives and methodology, the OOSPGs were asked if they would like to be involved in the project. The 32 OOSPGs who participated in the study expressed their informed consent orally (see Appendix 2).
- ✓ **Group interviews:** The main instrument for data collection was focus group discussions. These discussions helped the participants to feel at ease and to express freely their experiences of being OOSPGs and their learning pathways. In total, three group interviews were organised in each of the four participating schools. The first group interviews took place at the very beginning of the study, the second during the intervention stage and the last at the end of the project to evaluate the impact of the intervention. (See Appendices 3 and 4.)
- ✓ **Intervention:** The intervention process consisted of the research team listening to the OOSPGs' stories, including their learning pathways back into education.

Findings

The stories of the participating OOSPGs are presented in Appendix 5. They have been edited lightly to assure anonymity. (The OOSPGs are identified by their interviewee number.) The discussion that follows has been distilled from the more general focus group interviews.

Impact of teenage pregnancy on school dropout

The findings indicated that the OOSPGs who participated in the study dropped out of school when they realised that they were pregnant. They explained that they dropped out of school for several reasons: First, they were not able to bear the discomfort of pregnancy at school. Interviewee 4 put it in this way: “I dropped school since I realised that I cannot be pregnant and study at the same time.” Second, some OOSPGs dropped out of school as a way to hide from mockery and criticism from the school community. Interviewee 8 reported: “When I became pregnant, other girls who used to be my friends [attacked] me.” Third, some of the OOSPGs dropped out school because of frustration and desperation. Interviewee 6 explained: “I thought that my life was over and that I had no future.” Interviewee 2 told us: “Honestly, I thought that my studies were over. I was desperate.” Fifth, some OOSPGs dropped out of school to live with their boyfriend as a couple. Unfortunately, this turned out to be a short-term measure for some. Interviewee 1 claimed: “The boyfriend decided to leave me with two children.” Interviewee 6 lived with three boyfriends and each one of them had a child with her. All these OOSPGs eventually went back to live with their parents.

The findings of this study show that teenage pregnancy correlates with education level. Among 32 parenting girls who participated in the study, two (6%) became pregnant for the first time when they were in lower-primary education, seven (22%) in upper-secondary, ten (31%) in lower-secondary and 13 (41%) in upper-secondary. These figures demonstrate that some students become sexually active when they are very young, from lower-primary education. The average age of students in lower-primary education is estimated to be between six and nine.

Before any of the participating OOSPGs became pregnant, 28 (88%) were registered in basic education programmes affiliated with the Rwanda Basic Education Board (REB) and four (12%) were studying in TVET schools under the TVET Education Board.

The findings demonstrate that OOSPGs remained out of school for about five years on average before coming back to school. The longest period of school dropout registered in this study was 22 years, and the shortest one year. On average, students registered in TVET schools remained out of school longer (five years) than those enrolled in basic education programmes (three years). Some of the participating OOSPGs reported that TVET schools offered short job training programmes, as short as three months or up to three years to earn a certificate. Accordingly, after they completed every TVET level of schooling (e.g., three months, one year or two years), students were awarded a certificate of completion that allowed them to integrate into the job markets at their convenience. The participants affirmed that OOSPGs who were sponsored by the local government were mainly registered in three-month short course training programmes. It would be interesting to conduct a follow-up study to see what proportion of graduates from these three-month courses progress into employment or further education and training.

Coming back to school: A hard decision to make

The findings reveal that most of the participating OOSPGs did not make the decision to come back to school on their own. Two main categories of stakeholders intervened: local government and parents and/or relatives. The local government played a pivotal role in OOSPGs' reschooling, with 96% of OOSPGs who participated in this study saying they were brought back into schooling by the local government. This can be explained in part by the fact that local governments had started a campaign to bring OOSPGs into boarding TVET schools and paid their school fees. Interviewee 4 explained: "Once my child was about two years old, I heard . . . that young mothers are going back to TVET schools." Later, one of the local government authorities came to her home to invite her to take advantage of this opportunity, explaining: "'The fact that you gave birth is not the end of life. You can go back to school and tomorrow, you can take your life in your hands.' This created some confidence in me." Interviewee 6 put it in this way: "Kamonyi District sent me back to school and covers my school fees." Interviewee 7 added: "The Head of Administrative Village came home and told me, 'The District is registering young mothers who dropped and wish to return to school.' My parents supported me to get some stuff, and then I came back to school." Some OOSPGs were even registered to go back to school without having asked. Interviewee 3, for example, explained: "I heard that they [local government] registered me in a TVET school. I really didn't know it." Interviewee 6 added: "I don't know when they registered me. They just called me and informed me that I must go back to school."

According to our findings, going back to school was not an easy decision to make for many OOSPGs. For example, when Interviewee 6 was told to return to school, she protested, arguing that there was no one to look after her baby. However, the local government was strict: “The local government made an order that I must [go back to school] and she left her baby with her grandmother and aunt. Most OOSPGs expressed concern about leaving their children alone at home. They considered it a significant sacrifice. Interviewee 2 put it in these terms: “I was wondering how I can leave home a child who doesn’t eat yet. I discussed with mom. Mom welcomed the ideas immediately and she told me this is a chance for me to go back to school and studies should come first.” Interviewee 8 had a child living with disability: “Since my child lives with disability, I didn’t want to leave him alone. There was no one else to look after him. I talked to my older sister, she proposed to me [she would] look after him.” Interviewee 5 said that going back to school “was not my idea, because I didn’t want to leave my [three] children alone. My mom told me that she would look after them. Then I accepted.” Going back to school, especially for those who became boarding students, meant early and possibly even brutal weaning for their children. This was another source of frustration for OOSPGs. Most of them said that they were physically at school but their mind was at home, thinking about their children.

Two TVET OOSPGs affirmed that their school fees were paid by non-governmental organisations (NGOs). For example, Interviewee 1 said: “My parents urged me to come back to school [and] found a sponsor, an NGO. This organisation pays for my school fee.” For those studying in TVET schools, parents and/or relatives helped by babysitting or taking care of OOSPGs’ children in other ways when the mothers were at boarding school.

Several OOSPGs said that they would have liked to pursue their studies remotely using technology or to study in a school near their families. They believed that technology could help them to monitor the well-being of their children while they continued to study and that being in boarding school or studying far away seemed to damage their maternal relationship with their children. Interviewee 3, who had a child living with disability, contended: “Studies and looking after your child would be great. Since I am at school, I don’t know of his news. I think much about my child. If I can get a school near home, I will appreciate it.” Interviewee 4 was also supportive of more flexible provision: “This would be a great opportunity to study and stay home at the same time and look after your child or your family. I am supportive of this idea.” Interviewee 1 agreed that remote learning could offer significant benefits: “I

can plan my studies and my home activities. Children can get time to see you.” This strong desire to remain connected to their children shows that the OOSPGs had developed a new identity.

Self and the formation of a new identity

The participating OOSPGs expressed repeatedly that they would have liked to be treated as students who had a specific identity at school. They explained that they were still children but also had the responsibility of being mothers. Interviewee 1 dropped out of school when she was in upper-secondary, S5, and went to live with her boyfriend as a couple. They had two children. However, after some time, her boyfriend left her alone with the children. She decided to go back to live with her parents:

My family welcomed me home as a child among other children. . . . My experience is that when I got back to live with my parents, I did behave as a child. I knew that my children’s needs were under my responsibility. You are no longer a child as in the image of the child you were before getting pregnant. You cannot behave as your children.

This comment illustrates how the OOSPGs’ experience of motherhood was mixed up with the feeling of having an incomplete childhood and how society considered them to be living in both worlds. However, the OOSPGs believed that they were different from other students and that they should be treated accordingly. Interviewee 4 asserted: “In a community like this, dealing with me as [if you were] dealing with to a young child would not be good. We have different problems.” Several OOSPGs pointed out that they had to take care of their children. For example, Interviewee 7 was a day student. When her child was sick, she did not find out about it until she got home in the evening. She revealed: “Sometimes, I remain home and don’t come back to school until the problem is solved. . . . For example, I have absented for four consecutive days due to the sickness of my child. My child is still under breastfeeding.” The study findings show that absenteeism was common among OOSPGs and was frequently related to their children being ill. Some claimed that they were absent from school for several weeks at a time. The findings show that day OOSPG students were absent more frequently and for longer periods than those studying in boarding schools.

Many OOSPGs affirmed that when they were physically at school their minds were at home. They complained that the school did not care about their status and treated them like any other student. Interviewee 1 explained the challenge with an example: “Sometimes, we request a permission [to go home or to come late to school], and we don’t get it. Learning with stress or depression cannot help us to

get far. Please plead for us.” She summed up her feelings by saying: “We need to be valued among other students.” Expressing her satisfaction about her participation in the study, Interviewee 4 highlighted her sense of self: “I like the fact that you didn’t compare me to those young children who study with us at this school.” The participating OOSPGs’ experiences as mothers had changed them in such a way they identified themselves with their children: “My child is my life,” Interviewee 6 pointed out. Interviewee 5, a student in a boarding TVET school, explained: “When I know that my child is sick, . . . I cannot study. I just go in the bed, feel too bad and wait until mom informs me that my child has recovered.” It can be inferred from the OOSPGs’ comments that they were convinced that their identity had changed since they became mothers. They affirmed that they belonged to a specific category of students with a specific identity pertaining to specific life challenges and therefore needed more flexible forms of schooling provision.

Teenage pregnancy: “I had the feeling that my future was compromised” [Interviewee 1]

The findings reveal that the participating OOSPGs were shocked when they learned that they were pregnant. They reported that they had endured unimaginable hardships. They asserted that they felt like their world had turned upside down and that society was watching them sceptically and sometimes mockingly. Interviewee 4 explained: “[I became] subject to humiliation in [my] family and in the community. People talk and talk. . . . I tried to hide due to the shame. It is the strongest shame I experienced.” Interviewee 1 asserted: “My parents told me: ‘You became a shame of the family and the community.’”

Interviewee 3 explained:

Right after I knew that I was pregnant, I talked to someone. She told me, “You are an orphan, you are poor, why don’t you practise abortion?” I said no, I cannot. If God gives me the child, I will take care of him. When he was born, I realised that he lives with disability.

For Interviewee 3, having a child with disability was an added shock. She was admitted into a hospital where she was discharged after two and a half months. She explained, with tears in her eyes: “I decided to escape the hospital and go out to commit suicide. I couldn’t bear the situation. They stopped me at the gate and returned me back.” Later, a doctor advised her to bring her child to a rehabilitation centre for young people with disabilities. At this centre, she saw other children with disabilities. Then, she explained: “It is there that I calmed down. I realised that I was not alone. If I [had not gone to that centre], frankly speaking, I would not be alive at present.” Interviewee 6 reported that, after she became

an orphan, she went to live with close relatives. She affirmed that she never got peace there. When she was 17 years old, she decided to put an end to her life. While telling her story, she was crying:

I was fed up and I took the decision to commit suicide. On my way, I met a boy that I knew since I was nine years old. It is him who helped me since then. That is how we became friends. I got pregnant when I was 18 years old.

Interviewee 6 said that eventually she lost contact with her boyfriend. In fact, the findings reveal that most parenting boys did not acknowledge their paternity and took the position that they were not the only ones who could make a girl pregnant. Many of the OOSPGs affirmed that, after they became pregnant, their ex-boyfriends behaved like strangers. Interviewee 5, who had three children with three different boyfriends, explained:

The boy who got me pregnant for my first born told me that he was richer than my mom. That is how I became pregnant. The other one promised to marry me. Due to my poverty and that of my mom, I cheated on me because of the good he possessed. Presently, I look after all my children. Those boys don't even greet me when we meet. They don't acknowledge their children.

During the group interviews, some OOSPGs argued that a few boyfriends who recognised their fatherhood did not take it seriously or played only a very minor role in raising their children. Interviewee 7 said: "Sometimes, I meet him, but we don't talk any longer. He knows that the child is his. Sometimes, he pays a visit to him when I am not home but rarely." The responsibility of raising children was almost exclusively in the hands of OOSPGs.

Mostly, the OOSPGs did not think about the consequences of friendships with boys. Some of them were still too young to think about them or be aware of them. Some explained that they thought about the easiest way to get rid of their pregnancy. One told us how she considered an abortion:

When you don't see the menstruation after the first and the second month, you start thinking about your behaviour. You think about what the society will say, you think about your studies, you think about your future, [and start] thinking about the easiest way: abortion. I thought about it but didn't do it.

Sometimes, teenage pregnancy provoked conflict in the family. Interviewee 7 indicated: "When my parents knew [that I was pregnant], it became a problem, each one accusing the other of being the cause of the problem. . . . It was not easy at all." In Interviewee 5's family, the main problem was about

inheritance: “My mommy was divorced and came back to live with my grandma. . . . Mommy has three children. I brought three more. My uncles became unhappy and never came back home. They were worried that my children would become heirs to my grandma’s property.” During her pregnancy and after giving birth, Interviewee 6, who said that she never lived in good harmony with her host family as an orphan, saw her situation deteriorating. Shedding a torrent of tears, she explained:

My life had no sense. I went to live with my aunt, but she asked me to buy any single thing that my baby would need. I had no means at all. It was a serious challenge. I started cultivating. Nearby there was a mineral resources mine. I worked there and earned some money which helped me to satisfy the needs of my baby and of the other two children of my aunt.

Interviewee 6’s statement illustrates how hardship contributed to her future looking bleak. Fortunately, there was a light at the end of the tunnel.

From despair to resilience

When your baby calls you mommy and his father is not there, you start rethinking again. I said to me, “I must change my behaviour. It is now about me; I must live for my child.” Resilience is about a decision. My life is now about my child. I will strive for his development.

This extract from Interviewee 1 indicates the beginning of the OOSPGs’ resilience. It signals a first step: a personal commitment to make changes in their lives and to take their destiny into their own hands.

Interviewee 4 emphasised that her journey to change started with a self-assessment of her life experience: “When I look back on what happened to me, and how being pregnant interfered with my studies, I decided.” Her decision was firm. She decided “to stand stronger than ever. Those who thought that they could abuse me need to realise that I came out stronger and that I have a future. I strive to make my life better.” Similarly, Interviewee 1 claimed: “I had strengths from my heart [against abortion]. I made a mistake, I had to bear the consequences.” In other words, personal commitment was also about acknowledging their weaknesses and mistakes and facing the consequences with courage and determination.

Interviewee 4 pointed to a second factor that seemed to contribute to the OOSPGs’ efforts to build resilience: being goal-directed. She trusted that the future would be bright: “I trust that tomorrow I will get a job, or I will get married as any other person. No more humiliation. That is a strong resilience I built in me.”

Third, the OOSPGs' resilience seemed to stem from individual positive values such as self-confidence and trust in God. Interviewee 3 said: "I cannot say I made a mistake and I will make it again. I have strength to fight against my weaknesses. I pray to God, and I am sure God will assist me. This is my decision." This statement shows that the OOSPGs had to believe in their potential to make change happen in their lives and in so doing develop their resilience.

Fourth, external positive cultural values — including peer, family and political support — seem to have contributed strongly to building OOSPGs' resilience. The findings show that when family members were supportive and receptive, the OOSPGs recovered quickly from their desperation. Interviewee 4 claimed: "As my parents didn't reject me, I started coping with the situation [pregnancy] and being confident of myself." Interviewee 7 acknowledged that she benefited from the protection of her mother: "Mommies are good parents; they never abandon you forever, even if they may be feeling the sorrow." Interviewee 1 pointed to cultural supportive aspects:

Rwanda still has a culture. When it happened that I became pregnant as a teenager, they [my parents] didn't reject me. They didn't torture me. They welcomed me. A mistake is not corrected using another mistake. They gave me time to think of myself and think of how I can change my behaviour.

Moreover, OOSPGs were grateful for the political support they received from local government authorities. Interviewee 1 elaborated: "The Government of Rwanda introduced different programmes to support young mothers. Mostly, we became pregnant due to poverty. We learned hands-on skills here. Poverty will no longer be the primary factor of my fall or weaknesses." With confidence, she pointed out: "It would be a shame to fall again into the same mistake after all this support I got from the government. I would be undermining my past." Interviewee 3 attributed the fact that she did not take her own life to government support, simply because someone from the local government told her: "Every child is a child."

Another external positive value identified in this study as contributing to building OOSPGs' resilience was peer support. Interviews with OOSPGs took place in small groups, and the OOSPGs had a chance to talk to each other and to listen to their fellow OOSPGs' stories. Interviewee 7 explained: "I am happy to find my colleagues who have the same challenges as I do. To belong to a community makes me happy." Interviewee 2 said: "When I arrived here, I thought I was the only young mother. I was happy to find my colleagues who are in the same situation as I am." Interviewee 1 shared that the discussions with her fellows helped her to move away from loneliness and isolation:

When I meet my colleagues, we exchange ideas as people sharing the same challenge. They told their stories, and I told them mine. That is how I get released. I learned that a good future is possible.

In sum, coming together and listening to each other's stories about their life challenges and individual mitigating strategies created a sense of belonging to a community and functioned to some extent as a kind of group therapy. The OOSPGs were convinced that being in such a group of fellows could also help them to support each other financially: "We can also create a solidarity group to support each other in a case of financial problems," Interviewee 6 reported.

Fifth, reschooling was another major factor that helped the participating OOSPGs to regain their self-confidence and become potentially resilient. Interviewee 8 affirmed: "I got a project to support me financially to go back to school. I started to have good dreams for my future and the future of my child." Interviewee 4 explained her expectations now that she had gone back to school: "I think of getting employment or to become self-employed. . . . I feel different from someone else who did not get a chance to come back to study." Reschooling became a point of pride, as Interviewee 1 said: "I am proud to be in TVET school. . . . It is a great opportunity for me, and I am happy. I missed a chance to earn a degree, but a certificate will also be useful for me." In a similar vein, Interviewee 5 told us: "I am happy because I am studying something I like." Interviewee 8 concluded: "I wish to earn a lot and pay for my child's education so that he can study what I missed." In fact, all the OOSPGs were grateful for having had a chance to go back to school, as "to be at home without education was annoying," Interviewee 9 explained. The girls were convinced that their reschooling would contribute to making their future and the future of their children much better.

Finally, the participating OOSPGs insisted that going back to school would not be enough in itself to build resilience if there was no mentorship to accompany them on their journey towards making a positive change in their lives. Interviewee 3 explained the point in this way:

Most people didn't know that I have a child . . . [living with] disability. Those who know it are those who are here. Why? Because there was no one to talk to. There was no one whom I could trust and who could trust me and listen to me in order to be emotionally released. Frankly with you, I am released emotionally.

Interviewee 1 explained: “You have helped us to recover our self-esteem and to feel that our lives matter. Before you came, I was desperate. . . . when you talked to us, we felt released.” Given the importance that OOSPGs attributed to mentorship, the next section explores this point in more detail, and examines how it contributed to shape their resilience and how they would wish to frame it in schools.

Mentorship at school and beyond

During the group interviews, all the OOSPGs revealed that their schools had no formal mechanism to mentor them. Thus, the intervention consisted of listening to the OOSPGs’ stories about their experience of becoming pregnant and their trajectory to come back to school. Though it was not the researchers’ intention to act as mentors, the OOSPGs appreciated the fact that the researchers listened to them and gave them space to share their life experiences with peers who had experienced similar life challenges. For example, during the last group interview, Interviewee 1 revealed a positive impact of the intervention: “I became more concentrated on my studies.” In a similar vein, Interviewee 4 summarised what other OOSPGs voiced repeatedly: “I am so thankful. I learned that there are some people who care about us.” Interviewee 6 went further: “I know that I can help other children who face the same problems as we did: talk to them so that they can also become resilient.” These comments demonstrate the extent to which mentorship is needed to bring OOSPGs out of a state of anxiety and stress and recover self-confidence in their studies and their potential to be a source of peer support.

Accordingly, the primary role of an OOSPG’s mentor would be just to listen. “Most of the time, we are emotionally overwhelmed. We would appreciate if we had someone to listen to us,” Interviewee 1 stated. Interviewee 3 added:

We need someone who can be close to us. When someone is close to you, you can tell him/her your problems, and that helps you to release your stress out. When there is no one to talk to, you repress your problems and then you become depressed.

Some OOSPGs also suggested that a mentor should be someone who is interested in their lives. Interviewee 4 told us: “We need someone who knows about us and who takes care.” Interviewee 8 supported the suggestion that a mentor should have enough time to listen and help the girls overcome their depression: “You may face several problems, and you may be . . . depressed. I need someone who can take time to listen to me.” Some OOSPGs expressed that they were interested in a mentor who could

also talk to them and help them correct their mistakes: “If you make a mistake and do not find someone to correct you, there is a risk of falling again [and making] the same mistake,” Interviewee 1 asserted. Additionally, some OOSPGs suggested that a mentor should advise them about schooling and life issues, such as sexual reproductive health, being a mother and children’s education. For example, Interviewee 4 explained: “I would wish to have a mentor who can listen to our life challenges and discuss with us about our schooling.” Interviewee 3 reported that a woman teacher and a doctor used to listen to her without judging her. She said that they used to tell her that giving birth to a child with disability could happen to anyone. She remembered that their kind words had comforted her.

The findings show that two OOSPGs who registered in a TVET school and had their school fees paid by an NGO had a chance to have a mentor who listened to them every Saturday. Thus, based on her experience, one of them (Interviewee 1), suggested: “The school should set up a timetable to listen to us and hear our ideas. . . . The school needs to know about our life challenges.” Further, she proposed that OOSPGs’ mentorship should be framed as a family composed of children — that is, an OOSPG and two mentors, a father and a mother. She argued: “We should not feel as if we have no family. We should find another family at school. We need some comfort.” Additionally, some OOSPGs suggested that mentors should be nominated and appointed by the school management and represented in the school committee. Furthermore, Interviewee 5 proposed that mentorship should continue even after the girls had completed their schooling to help them integrate into the job market: “We are going to complete our studies and go back home. I would wish that a mentor could keep the contact with us. Mentorship should not stop at school.” This statement shows that the participating OOSPGs considered mentorship as helping shape their formation as resilient students who have a future and the potential to integrate into the job market.

Conclusions and Recommendations

Drawing from the findings, this study shows that OOSPGs have a strong chance to get back into some form of schooling if the following conditions are in place:

- They have a strong family or community support network.
- They have opportunities for individual and group counselling and mentoring.
- The curriculum is more aligned to finding employment or self-employment.
- There is a more flexible learning pathway that uses blended and online learning and is structured in such a way that out-of-school parenting girls (OOSPGs) can balance their study and childcare needs without needing to be away from home for extended periods.
- The university or other stakeholders create and formalise OOSPGs' resilient communities for sustainable futures through a research project or an exploratory intervention. This project may include the development of policies and practices for open schooling to help OOSPGs and young mothers continue their education and acquire further lifelong learning skills to be able to enter the job market. The proposed initiative with the schools and the participants who were involved in this study continues to offer the participants sustained and consistent support in this area.
- An organisation such as COL works with the Ministry of Education in Rwanda and its affiliated agencies (the Rwanda Basic Education Board [REB] and Rwanda TVET Board [RTB] in the context of schooling provision) to develop policies and practices to help establish open schooling in Rwanda and increase advocacy to help out-of-school girls and parenting girls access education and training.

References

- ACRWC. (2019). *Concluding recommendations of ACRWC on the 2nd periodic report by the Republic of Rwanda on the status of Implementation of the African charter on the Rights and Welfare of the children*. Recommendations, African Union, Addis Ababa.
- Akella , D., & Jordan, M. (2015). Impact of Social and Cultural Factors on Teenage Pregnancy. *Journal of Health Disparities Research and Practice*, 8(1), 21-62.
doi:<http://digitalscholarship.unlv.edu/jhdrp/>
- Amoateng, A. Y., Ewemooje, O. S., & Biney, E. (2022). Prevalence and determinants of adolescent pregnancy among women of reproductive age in South Africa. *African Journal of Reproductive Health January*, 26(1), 82-91. doi:10.29063/ajrh2022/v26i1.9
- Arnold, A., Lewis, J., Maximovich, A., Ickovics, J., & Kershaw, T. (2011, October). Antecedents and Consequences of Caregiving Structure on young mothers and their infants. *Maternal and child health journal*, 15(7), 1037–1045. doi:10.1007/s10995-010-0650-3
- Barnet, B. et al. (2004). Reduced School Dropout Rates Among Adolescent Mothers Receiving School-based prenatal care. *Arch Pediatric adolescent medicine*, 158, 262-268.
- Center-For-Human-Rights. (2018). *A Report On Child Marriage In Afric*. University of Pretoria. Pretoria: Center For Human Rights. Retrieved from <http://www.chr.up.ac.za/>
- Collins, B. (2010). *Resilience in teenage mothers: A Follow-up study*. Ministry of Social Development, Wellington.
- Commonwealth of Learning. (2021). *Learning for sustainable development: Strategic plan 2021-2027*. Burnaby: Commonwealth of Learning. Retrieved from <http://hdl.handle.net/11599/3871>
- Commonwealth of Learning. (2022). *Out-of-school children and youth: A contemporary view from selected African Commonwealth countries*. Commonwealth of Learning. Burnaby: Commonwealth of Learning. Retrieved from <http://hdl.handle.net/11599/4057>
- Daley, A. M., Sadler, L. S., & Reynolds, H. D. (2013). Tailoring clinical services to address the unique needs of adolescents from the pregnancy test to parenthood. *Current Problems in Pediatric Adolescent Health Care*, 43(4), 71–95. doi:10.1016/j.cppeds.2013.01.001

- DeVito, J. (2007). Self-perceptions of parenting among adolescent mothers. *Journal of Perinatal Education, 19*(2), 16–23. doi:10.1624/105812410X495523
- DeVito, J. (2010). How adolescent mothers feel about becoming a parent. *Journal of Perinatal Education, 19*(2), 25-34. doi:10.1624/105812410X495523
- DuBois, D. L., & Karcher, M. J. (2013). Youth Mentoring In Contemporary Perspective. In D. L. DuBois, & M. J. Karcher, *Handbook of Youth Mentoring* (p. 13). doi:10.4135/9781412996907
- Egeland, B. e. (1993). Resilience as process, 5. *Development and Psychopathology, 5*(4), 517-528. doi:10.1017/S0954579400006131
- Erfina, E. e. (2019). Adolescent mothers' experiences of the transition to motherhood: An integrative review. *International Journal of Nursing Sciences, 6*(2), 221-228. doi:10.1016/j.ijnss.2019.03.013
- Flaherty, S. C., & Sadler, L. S. (2011). A Review Of Attachment Theory In the Context of Adolescent Parenting. *Journal Of Pediatric Healthcare, 25*(2), 114-121. doi:10.1016/j.pedhc.2010.02.005
- Gender Monitoring Office. (2017). *Annual Report 2016-2017*. Gender Monitoring Office. Kigali: GMO. Retrieved from www.gmo.gov.rw
- Gender Monitoring Office. (2018). *Gender Profile in the Health Sector*. Kigali.
- Girl Effect Rwanda. (2020). *Conversation With Teen Mothers: Aqualitative Study on Teen Pregnancies in Rwanda*. Girl Effect Rwanda.
- Government of Rwanda. (2018). *EICV5_Gender Thematic Report*. NISR. Kigali: National Institute of Statistics In Rwanda. Retrieved from <https://www.statistics.gov.rw/publication/eicv5thematic-reportgender>
- Government of Rwanda. (2021). *Rwanda Demographic and Health Survey 2019-20 Final Report*. National Institute of Statistics in Rwanda, DHS Programs. Kigali: Minisrty of Health, ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/FR370/FR370.pdf>
- Hannan, C. (n.d). *Gender mainstreaming: Strategy for promoting gender equality*. Retrieved from <https://www.un.org/womenwatch/osagi/pdf/factsheet1.pdf>

- Herrera, C., & Sahn, D. E. (2015). The Impact of Early Childbearing on Schooling and Cognitive Skills among Young Women in Madagascar. *IZA Discussion Papers No. 9362*. Retrieved from <https://hdl.handle.net/10419/124889>
- Kaye, D. K. (2008, March 4). Negotiating the transition from adolescence to motherhood: coping with prenatal and parenting stress in teenage mothers in Mulago Hospital, Uganda. 6. doi:10.1186/1471-2458-8-83
- Klaw, E. L., Rhodes, J. E., & Fitzgerald, L. F. (2003). Natural mentors in the lives of African American adolescent mothers: Tracking relationships over time. *Journal of Youth and Adolescence*, 32(3), 223–232. doi:10.1023/A:1022551721565
- Koni, E., Moradi, S., Arahanga-Doyle, H., Neha, T., Hayhurst, J. G., Boyes, M., . . . Scarf, D. (2019, January 10). Promoting resilience in adolescents: A new social identity benefits those who need it most. (E. M. Kleiman, Ed.) *14*(1), 1-8. Retrieved from <https://doi.org/10.1371/journal.pone.0210521>
- Lesser, J., Koniak-Griffin, D., & Anderson, N. L. (2009). Depressed adolescent mothers' perceptions of their own maternal role. *Issues in mental health Nursing*, . doi:<https://doi.org/10.1080/016128499248718>. 20(2), 131-149. doi:10.1080/016128499248718
- Macintosh, J., & Callister, L. C. (2015). Discovering Self: Childbearing Adolescents' Maternal Identity. *The American Journal of Maternal/Child Nursing*, 40(4), 243-248. doi:10.1097/NMC.0000000000000143
- Mahapatra, S. K., & Kumar, S. (2020). Gender and open schooling. In T. Mays, & R. K. Singh, *Addressing the learning needs of out of school children and youths through expansion of open schooling* (pp. 139-152). Burnaby: Commonwealth of Learning. Retrieved from <http://hdl.handle.net/11599/3731>
- Mangeli, M., Rayyani, M., Cheraghi, M. A., & Tirgari, B. (2017). Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: A qualitative study. *Journal of Family and Reproductive Health*, 11(3), 165-173. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6045691/>

- Mezmur, et al. (2021). Teenage pregnancy and its associated factors in eastern Ethiopia: A community-based study. *International Journal of Women's Health*, 13, 267–278.
doi:10.2147/IJWH.S287715
- Ministry of Education. (2022). *2020/21 Education Statistical Yearbook*. MINEDUC. Kigali: MINEDUC. Retrieved from https://e-ihuriro.rcsprwanda.org/wp-content/uploads/2023/04/Education_Statistical_Yearbook_2020_21.pdf
- Ministry of Education, Guyana. (2018). *National policy for the reintegration of adolescent mothers into the formal school system*. Georgetown: UNICEF. Retrieved from <https://www.unicef.org/guyanasuriname/media/471/file/National-Policy-Reintegration-of-Adolescent>
- Ministry of Gender and Family Promotion. (2021a). *10th Report REPORT Of The Republic Of Rwanda On The Implementation Status Of The United Nations Convention On The Elimination Of All Forms Of Discrimination Against Women (CEDAW)*. Kigali: MIGEPROF.
- Ministry of Gender and Family Promotion. (2021b). *Revised National Gender Policy: Accelerating the Effectiveness of Gender Mainstreaming and Accountability for National Transformation*. Kigali: MIGEPROF.
- Morgan, A. K., Agyemang, S., & Dogb, E. (2022). “We were girls but suddenly became mothers”: Evaluating the effects of teenage motherhood on girls' educational attainment in Volta Region. *Cogent Social Sciences*, 8(1). doi:10.1080/23311886.2022.2036312
- Mott, F., & Marsiglio, W. (1985, September - October). Early childbearing and completion of high school: Family planning perspective. *PubMed*, 17(5), 234.
- OECD. (2016). *Why gender equality makes business sense*. OECD Forum 2022. Retrieved from <https://www.weforum.org/agenda/2016/01/why-gender-equality-makes-business-sense/>
- Peterson, S. J., & Bredow, T. S. (2013). *Middle Range Theories: Application to Nursing Research* (3rd Edition ed.). Hong-Kong: Wolters Kluwer Health|Lippincott Williams & Wilkins.
- Quarles, A., Maldonado, N., & Lacey, C. H. (2005). Mentoring and at-risk adolescent girls: A phenomenological investigation. [Conference presentation]. *Annual Meeting of the American*

Educational Research Association, Montreal, Canada, 11–15. Retrieved from <https://files.eric.ed.gov/fulltext/ED496533.pdf>

- Reyna, S., Martínez, R. H., David, R., Lilia, R.-V. A., Bernarda, S.-J., Luz, H. M., . . . Selene, S. (2017). Family context and individual situation of teens before, during and after pregnancy in Mexico City. *BMC Pregnancy and Childbirth*, *17*(382), 16. doi:10.1186/s12884-017-1570-7
- Ruzibiza, Y. (2021). 'They are a shame to the community ...' Stigma, school attendance, solitude and resilience among pregnant teenagers and teenage mothers in Mahama. *Global Public Health*, *16*(5), 763-774. doi:<https://doi.org/10.1080/17441692.2020.1751230>
- Samano, et al. (2017). Family context and individual situation of teens before, during and after pregnancy in Mexico City. *BMC Pregnancy Childbirth*, *17*(382). doi:10.1186/s12884-017-1570-7
- Sobngwi, J. L., Sobngwi-Tambekou, J. L., Tsague-Agnoux, M., Fezeu, L. K., & Ndonko, F. (2022). Teenage childbearing and school dropout in a sample of 18,791 single mothers in Cameroun. *Reproductive health*, *19*(10). doi:<https://doi.org/10.1186/s12978-021-01323-4>
- Thanintranon, S et al. (2022). Teenage pregnancy and dropout rate from school after delivery in Northern Thailand. *Journal of Evidence-Based Women's Health*, *12*(1), 17-21. doi:10.21608/ebwhj.2019.6533.1011
- Trentacosta, C. J., Neppl, T. K., Donnellan, M. B., Scaramella, L. V., Shaw, D. S., & Conger, R. D. (2010, December). Adolescent Personality as a Prospective Predictor of Parenting. *Journal of family psychology*, *24*(6), 721–730. doi:10.1037/a0021732.
- UNFPA. (2013). *State of World Population 2013: Motherhood in Childhood: Facing the challenge of adolescent pregnancy*. New York: United Nations Population Fund. Retrieved from <https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013-final.pdf>
- UNFPA. (2022a). *Motherhood in childhood: Untold Story*. New York: United Nations Populations Fund. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/Motherhood%20in%20Childhood%20The%20Untold%20Story_EN.pdf
- UNFPA. (2022b). *State of World population: Seeing the unseen*. UNFPA. New York: United Nations Populations Fund.

- UNICEF. (2021). *Towards Ending Child Marriage: Global trends and profiles of progress*. Data Analytics Section. UNICEF.
- UNICEF. (2022). *Child Marriage in Eastern and Southern Africa: A statistical overview and reflections on ending the practice*. UNICEF. New York: UNICEF.
- Velicu, et al. (2022). Socially isolated and digitally excluded: A qualitative exploratory study of the lives of Roma Teenage mothers during the COVID-19 lockdown. *Technology in Society*, 68, 1-10. doi:10.1016/j.techsoc.2022.101861
- Watts, M. C., Liamputtong, P., & McMichael, C. (2015). Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*, 15, 1-11. doi: 10.1186/s12889-015-2215-2
- WHO. (2020). *Trends in teen pregnancy and childbearing*. WHO. World Health Organisation. Retrieved from <https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing>
- WHO. (2022). *Global Health Observatory*. (World Health Organization) Retrieved July 2022, from www.who.int: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adolescent-birth-rate-\(per-1000-women-aged-15-19-years\)?lang=en](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adolescent-birth-rate-(per-1000-women-aged-15-19-years)?lang=en)
- Wodon, Q., Male, C., Montenegro, C., Nguyen, H., & Onagoruwa, A. (2018). *Educating girls and Ending child marriage: A priority for Africa*. The World Bank. Washington DC: World Bank Group.
- Zulaika, et al. (2022). Impact of COVID-19 lockdowns on adolescent pregnancy and school dropout among secondary schoolgirls in Kenya. *BMJ Global Health*, 7, 1-9. doi:10.1136/bmjgh-2021-007666

Appendices

Appendix 1: Desktop analysis on early and unintended pregnancy and emerging themes

Table 1.1. Economic, educational, health and social contributing factors to likelihood of teenage pregnancy

	Economic	Educational	Health	Social
Determinants (contributing factors)	<ul style="list-style-type: none"> ✓ Lower family income ✓ Increased teenagers' poverty ✓ Teenagers' financial dependence on adults or boys ✓ Early and unintended pregnancy is a problem for all categories of families (rich, poor, educated or not educated, employed, or not employed) (Hagenimana, 2019) ✓ Girls grew up in orphanage 	<ul style="list-style-type: none"> ✓ Early school dropout ✓ Poor performance ✓ Power relationship with relatives, adults, teachers ✓ Postmodernity as a challenge for education (rejection of God; lack of trust in adults in Western society after WWII; it is forbidden to limit women's rights over their body; sexual liberation and sexual revolution) 	<ul style="list-style-type: none"> ✓ Lack of sexual and reproductive health (SRH) knowledge ✓ Lack of accessibility and quality of sexual, reproductive health services (SRHS) ✓ Risk-taking behaviours and/or inability to negotiate in sexual situations 	<ul style="list-style-type: none"> ✓ Marginalisation ✓ Early marriage ✓ Cultural norms, specifically relating to gender or young people and sexuality ✓ Gender inequality, impacting girls/young women's decision-making and negotiation skills ✓ Too much or uncontrolled care by adults and young men ✓ Social media and sexual liberalism ✓ Gender-based violence

Table 1.2: Economic, educational, health and social consequences of teenagers becoming pregnant

	Economic	Educational	Health	Social
Consequences	<ul style="list-style-type: none"> ✓ Lower family income ✓ Increased poverty ✓ Increased dependence 	<ul style="list-style-type: none"> ✓ Increased chances of dropping out school ✓ Poor school performance of pregnant and parenting girls (young mothers) ✓ Teachers are not well prepared to deal with pregnant girls and adolescent mothers 	<ul style="list-style-type: none"> ✓ Increased risk of maternal death ✓ Increased risk of adverse pregnancy outcomes ✓ Increased risk of adverse perinatal outcomes ✓ Pregnant and parenting girls may experience stress or depression 	<ul style="list-style-type: none"> ✓ Pregnant and parenting girls hold adult responsibilities ✓ Stigma and discrimination from family and/or community ✓ Increased bullying and teasing perpetrated by classmates, teachers and family members

		<ul style="list-style-type: none"> ✓ Lack of skills and absence of school structures for parenting learners ✓ Obligation for pregnant and parenting girls to apply to a different school or to stay out of the school for a fixed period before re-entry. 	(psychological harm)	<ul style="list-style-type: none"> towards pregnant girls and adolescent mothers (young mothers) ✓ Linkages with early marriage in some contexts, or unable to marry in some others ✓ Increased vulnerability and abuse ✓ Misunderstanding in the family (between father and mother)
--	--	---	----------------------	--

Table 1.3. Some pathways for building resilient young mothers

	Family	School	Society	Culture
Some pathways for building resilient young mothers	<ul style="list-style-type: none"> ✓ Family education starts early ✓ Educate family to integrate pregnant and parenting girls 	<ul style="list-style-type: none"> ✓ Access to quality sexual and reproductive health information and services ✓ Sustainable lifelong learning skills ✓ Moving into formal or informal education: TVET or general education (formal, non-formal and informal education) ✓ Becoming employed or self-employed ✓ Using distance learning methods for remote learning ✓ Mentorship programme for young mothers ✓ Group therapy (a learning community) 	<ul style="list-style-type: none"> ✓ Policies and practices in schools to continue education and education re-entry ✓ Policies to prevent child marriage to respond to early and unintended pregnancy ✓ Involving the Church for moral and sexual education ✓ The Church can use new digital technologies for youth and family evangelisation 	<ul style="list-style-type: none"> ✓ Cultural norms around the value of abstinence until marriage ✓ Parents (and /or relatives) look after young mothers' children when they go to school

Appendix 2: Process to request informed consent

- Welcome attendees and thank them for agreeing to attend the meeting
- Explain the selection process
- Explain the purpose of the research (what the research is all about)
- Explain confidentiality and privacy
- Explain the right to withdraw from the research at any time before or during the process
- Make formal request for individual informed consent
- Request authorisation to record the discussion using a smartphone

Appendix 3: Explaining group interview rules

- The group discussion will be based on individuals' real stories
- Everyone is urged to talk about her own story using "I" and to avoid generalisation
- There is no need to comment each other's stories. You will just need to talk about what happened to you
- Respect each other's trajectory/story
- In general, you don't need to raise your hand to speak
- Please speak only one at a time
- Everyone should speak, but you can decide to skip any questions that make you feel uncomfortable or you do not have anything to add
- It is important to respect different opinions, so please do not interrupt
- Are there any questions?

Appendix 4: Data collection instruments

Note that some questions were conflated during the interviews and that not all the interviewees participated in every stage of the data collection.

Initial group interviews (Dropping out of school)

1. Can you introduce yourself?
2. You were students before you gave birth. What happened? Did you stop studying? After you gave birth, how did you come back to school?
3. How did you end up becoming pregnant?
4. What was your life experience at home when you dropped out of school due to early pregnancy?

Mid-line group interviews (Back to school)

1. Please explain the trajectory of your reschooling. How did you come back to school?
2. Once you came back to school, who was aware that you have a child? Who helped you as a young mother and how?
3. When do you breastfeed your children while you are at school?
4. Did you endure any humiliation at school because you are a young mother?
5. What do you do when you learn that your child has a problem such as sickness?
6. What makes you happy as a student while you have a child at home? Do you think that other young mothers can get a chance to come to school again?
7. What should be changed at school so that you can study better and create a better future as a young mother?

Endline group interviews (Perspectives)

1. What should be done at school to support young mothers to pursue their studies in a decent environment?
2. Who is responsible (a mentor) for your learning or your life at school as young mothers?
3. Who could be responsible for the mentorship you were talking about at school?
4. What were supportive or frustrating aspects you came across in Rwandan culture vis-à-vis your schooling as a young mother?
5. What do you mean by building trust and self-esteem or resilience?
6. Where did you get the strength to keep your child with you without inducing abortion?

7. What do you think about the possibility of following your courses remotely from home using appropriate technologies such as distance learning while you keep looking after your child? Would you cope with this method? Would you be interested in it?
8. What did you learn from the discussions you have had with me so far about how you consider yourself as a young mother at school?
9. Is there anything you would like to add to the discussions we've had since the beginning?

Appendix 5: Illustrative Personal Stories

Initial interviews (Interviewees 1–4)

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<i>Q1. Can you introduce yourself?</i>			
Mother of two children: tailoring-Level 1	Mother of one child: food processing	Mother of one child: food processing. It meets my interest.	Mother of one child: culinary arts: Level 1. I like it and it can help me to get a job faster. If I don't get a job, it can help me to be self-employed.
<i>Q2. You were students before you gave birth. What happened? Did you stop studying? After you gave birth, how did you come back to school?</i>			
I gave birth when I was in S5. I stopped studies for six years and waited for my children to grow up. I came back very recently. It is my parents who brought me back to school. It is an NGO Strivers Foundation that covers my tuition fees.	I gave birth after Year 6. I dropped school for two years. Mudugudu came to fetch and told me about returning to school. I have only one parent.	I dropped school when I was in Year 6. I have a very difficult life, so I couldn't continue my studies. After I gave birth, I heard that they enrolled me in a TVET school, I really didn't know it. I don't have parents. I dropped school for four years.	I gave birth when I was in S5 2nd trimester. I dropped school. I remained at home. Once my child was about two years old, I heard from some people that young mothers are going back to TVET schools. The Head of Cell came and told me, "The fact that you gave birth is not the end of life. You can go back to school and tomorrow, you can take your life in your hands." This created some confidence in me. The

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
			District pays for my school fees.
<i>Q3. How did you end up becoming pregnant?</i>			
I love the boy who made me pregnant. I was in S5 and dropped school to live with the boy as a couple. The boy decided to leave me with two children.	After Year 6, he was a hairdresser, and I was learning tailoring nearby. We became friends and I got pregnant. I told him that I was pregnant with his baby. He told me, "I am not the only boy who can make babies." I brought my case to the police, and the boy is now in jail for that.	I think that I, as a girl, I am so weak in mind. When a boy says, "I love you," I trust him. I wonder how I accept gifts from boys. My mommy died when I was a little girl. All died and I live with my older sister alone. When I gave birth, I met serious challenges. My child lives with disabilities. [Tears run down her cheeks and she speaks in a broken voice.]	The boy had a small business outside the school. I used to visit him during the week. At a certain point, I realised that I was pregnant. At the school, the [teachers] asked me who got me pregnant. I told them. The boy decided to flee to Uganda for fear of being imprisoned. Since then, we lost contact. I dropped school since I realised that I cannot be pregnant and study at the same time.
<i>Q4. What was your life experience at home when you dropped out of school due to early pregnancy?</i>			
My family welcomed me home as a child among other children. When my child was able to eat, my parents brought me back to school. My parents told me "You are child. We will take care of you as our child." My experience is that when I got back to live with my parents, I did	My parents suffered to see me pregnant as their child. Finally, they accommodated the situation. They told me, "You are not the first and you are not the last to face such a problem." I tried to make me a mature person. I didn't count myself among children because I	My older sister advised me several time, but I didn't listen. She welcomed me and helped me to raise my child. Personally, I cultivated tomatoes to assist my sister to satisfy the needs of my child.	My brother gave me a small capital which helped me to start a small business. I did retail of fruits and vegetables at an open market. That is how I was able to buy clothes, soup and so on for my child.

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<p>behave as a child. I knew that my children's needs were under my responsibility. You are no longer a child as in the image of the child you were before getting pregnant. You cannot behave as your children. They took care of me as a child.</p>	<p>had a child. I realised that I had to work hard for my baby.</p>		

Initial interviews (Interviewees 5–7)

Interviewee 5	Interviewee 6	Interviewee 7
<i>Q1. Can you introduce yourself?</i>		
<p>Mother of three children: food processing</p>	<p>Mother of one child: culinary arts. It can help me to develop faster if I get a capital.</p>	<p>Mother of one child: culinary arts. I realised that chefs are often women or girls. I want to become a chef.</p>
<i>Q2. You were students before you gave birth. What happened? After you gave birth, how did you come back to school?</i>		
<p>I dropped my studies when I was in Primary 3. I fell pregnant during the holidays. My mom told me that I had to stay home and raise my child. When my child was about one year, I left my child to mom, and I went to Kigali to become a house personnel. I went back home after two years. I live with mom alone because my dad passed away some time ago. When my child</p>	<p>Before I gave birth, I was in S3. As there was no one to assist me, I dropped school. Then I gave birth. Later, our Kamonyi District sent me back to school and covers my school fee.</p>	<p>I reached Senior 6 and studied one trimester only. I gave birth and dropped school. Luckily, the Head of Administrative Village came and told me, "The District is registering young mothers who dropped and wished to return to school. My parents supported me to get some stuff and then I came back to school." The school fee is covered by the District [she was not very</p>

Interviewee 5	Interviewee 6	Interviewee 7
<p>was about three or four years old, I became pregnant again. When my second born was about two years, I got married. When I became pregnant again, he asked me to bring home my other children. I was very poor with my mom. I decided to go home with all my three children. I took one child and went to get a job in Kamonyi District. After three months, suddenly, the Cell executive secretary called me on a phone and asked me to return to school. I came back, and I like studying.</p>		<p>sure about who pays her school fee]. At home, my mom looks after my child.</p>
<p><i>Q3. How did you end up becoming pregnant?</i></p>		
<p>The boy who got me pregnant for my first born told me that he was richer than my mom. That is how I became pregnant. The other one promised to marry me. Due to my poverty and that of my mom, I cheated on me because of the good he possessed. Presently, I look after all my children. Those boys don't even greet me when we meet. They don't acknowledge their children.</p>	<p>Personally, I had big problems in my life. My mommy died when I was five years old. My dad died when I was 17 years old. I was born in Kayonza. But when mommy died, we relocated and came to live with grandma in Kamonyi. Since then, I was never in harmony with the family. I was never happy. I met that boy when I was nine years old. I was fed up and I took the decision to commit suicide. On my way, I met [a] boy [that I knew since I was nine years old]. It is him who helped me since then. That is how we became</p>	<p>I had a boyfriend since I was in S3 and we were in the same class. After S3 exams, I continued my studies, and he went out for a job. He used to buy workbooks and donated other different things. At the end, I got pregnant. Sometimes, I meet him, but we don't talk any longer. We don't even greet each other. He knows that the child is his. Sometimes he pays a visit to him when I am not home but rarely.</p>

Interviewee 5	Interviewee 6	Interviewee 7
	<p>friends. I got pregnant when I was 18 years old. [She was crying and at the same time speaking while wiping tears running down her cheeks.]</p>	
<p><i>Q4 What was your life experience at home when you dropped out of school due to early pregnancy?</i></p>		
<p>My mommy was divorced and came back to live with my grandma. I lived with mommy alone. My family is very poor. Mommy has three children. I brought three more. My uncles became unhappy and never came back home. They were worried that my children would become heirs to my grandma's property. My mommy was obliged to hire a house away and we experienced there a very difficult life. She worked in VUP, and the District decided to build a house for the family. I am not sure that I will have enough means to implement the skills I acquired from this school.</p>	<p>[She speaks while crying.] Since I was child, I never lived a good life with my family. After I gave birth, a neighbour took me into her home. My life had no sense. I went to live with my aunt, but she asked me to buy any single thing that my baby would need. I had no means at all. It was a big challenge. I started cultivating. Nearby there was a mineral resources mine. I worked there and earned some money which helped me to satisfy the needs of my baby and of the other two children of my aunt. My grandma, though very old, she accepted to look after my child while I am at school. My child depends on me. I don't have means and I don't have anywhere to request them. I don't know whether I can be self-employed since I don't have the means.</p>	<p>When I knew that I was pregnant, it was not easy to bear this in my heart, and it was very difficult to tell the story to my parents. When my parents knew it, it became a problem, each one accusing the other of being the cause of the problem. The surrounding neighbours talked about me and laughed at me. Mommies are good parents; they never abandon you forever, even if they may be feeling the sorrow. It was not easy at all. They helped me. Having a child and being a child at home, if my child expresses a need while I have the same need, I, personally, I keep quiet. I let my child live her childhood, I try to conceal mine.</p>

Mid-term interviews (Interviewees 1–4)

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<i>Q1. Please explain the trajectory of your reschooling. How did you come back to school?</i>			
<p>After I gave birth, I had the feeling that my future was compromised. I have young children; I could not leave them alone. The first born was four years also and the youngest is one year and some months old. However, my parents urged me to come back to school, ensuring me that they would look after my children. I thought about schooling, saying maybe I can acquire some skills for my future. My parents found a sponsor, an NGO. This NGO pays for my school fee.</p>	<p>After I gave birth, I was not left on my own. The local government authority used to come and pay me a visit. Some time they started registering children who dropped school. They advised me to enrol but my child was still too young. I was wondering how I can leave home a child who doesn't eat yet. I have mom alone at home. Other siblings were at school. It was a challenge. I discussed with mom. Mom welcomed the ideas immediately and she told me this is a chance for me to go back to school and studies should come first. "You will learn new skills; afterwards, you will be able to earn money for your</p>	<p>I came from Kamonyi District by the local government authority. The Head of the Village told me that [the person] in charge of social affairs needs me to go back to school. She registered me. She told me, "As you have a child living with disability, schooling can help you to get means to take care of your child." After two months, I came back to school. However, since my child lives with some disabilities, I didn't want to leave him alone. There was no one else to look after him. I talked to my older sister, and she proposed to me [she would] look after him.</p>	<p>The local government came to see me at home and urged me to go back to TVET school. I was happy to hear this suggestion. My parents were also very supportive. That is how I came back to school.</p>

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
	development, the development of your child and your country as well.”		
Q2. Once you came back to school, who was aware that you have a child? Who helped you as young mother and how?			
To be honest, no one took care of me at school. I am here since a year, no one! At some time, the school administrator came in class and gave us a piece of paper and asked whoever had given birth to register. I didn't know what the list was for, you are the only person who talked to us for the first time. On the side of the school, we have no one who advises us. Sometimes, the mom in charge of discipline talks to all girls in general. [All other students agreed with this statement by Interviewee 1.]			
Q3. When do you breastfeed your children while you are at school?			
When we agreed to come here, it meant that my children were weaned automatically: a brutal weaning of my children. There was no other possibility to breastfeed them since I was in boarding school. Even when I go home, no more breastfeeding	I weaned my baby when he was only one year. This was my second chance to come back to school. I had no other choice.	I came here when my child was about two years. Since my child lives with disabilities, I didn't want to wean him.	---
Q4. Did you endure any humiliation at school because you are a young mother?			
No one knows about us.	---	---	---
Q5. What do you do when you learn that your child has a problem such as sickness?			
It is a worrying situation. Usually, my parents try to hide such information from me so that I don't become	This problem often happens to me. When I know that my child is sick, I don't really study well.	When I was here, my child fell sick. Very recently I was home due to the same problem. When my I	I met the same challenges to have a child sick when I am at school. They call me and inform me. It

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
worried. You just trust your mom and believe that she will do her best to treat the baby.		know that my child is sick, honestly speaking, I cannot study. I was away about days. At school they called me and asked to come back to school as I am boarding student. I have a monthly appointment with a doctor. My child has had other sickness.	happened once. They brought the baby to the clinic and my child recovered. In such a situation, I became worried and sad. Sometimes, I had to stop my studies and go home to look after my child. Later, I accommodated the situation.
<i>Q6. What makes you happy as a student while you have a child at home? Do you think that other young mothers can get a chance to come to school again?</i>			
I am proud to be in TVET school. I will get a certificate; I will be able to be employed or self-employed. I am not someone who remained home after giving birth. It is a great opportunity for me, and I am happy. I missed a chance to earn a degree, but a certificate will also be useful for me.	I am happy to be back in school. Honestly, I thought that my studies were over when I gave birth. I was desperate. I mastered the skills I learned here. If I get the certificate, I can be employed or become self-employed.	I was pleased to be told to come back to school. I didn't know about the skills I acquired. If I go home, there are many things I can do on my own. If I get a job, I will be able to cope.	I think of getting employment or to become self-employed due to the skills I acquired here. I feel different from someone else who did not get a chance to come back to study.
<i>Q7. What should be changed at school so that you can study better and create a better future as a young mother?</i>			
I have some difference with some of us. Some of us may be anxious or	I think the school should spare some time	I wish that this school would get a tutor to talk to us. When you don't	If we have someone to talk to us it would be ideal. In a community

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<p>depressed. We need someone we can talk to about all these issues, someone who can help us release out our stress. We can also meet between us and have dialogue about our life challenges. We can even create a small saving cooperative to support each other in case of financial problems. We need to be valued among other students. They should not read challenges in us. We can solve our problems. On the side of the school, it shouldn't treat us as any other students. Sometimes, we request a permission and don't get it. Learning with stress or depression cannot help us to get far. Please plead for us. I thank you; you have helped us to recover our self-esteem and to feel that our lives</p>	<p>to talk to children and advise them.</p>	<p>have someone to talk to, you may face several problems, and you may be emotionally overwhelmed, anxious and depressed. I need someone who can take time to listen to me.</p>	<p>like this, dealing with me as [you were] dealing to a young child would not be good. We have different problems. We need someone who knows about us and who takes care.</p>

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<p>matter. Before you came, I was desperate. I wished just to earn my certificate and get away. But when you talked to us, we felt released, we talked about challenges, you supported us. We are so heartedly thankful. Thank you.</p>			

Mid-term interviews (Interviewees 5–9)

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
<p>My mommy was working in VUP. The local administrator registered me and came to fetch me and urged me to go back to school. This was not my idea, because I didn't want to leave my children alone. My mom told me that she would look after them. Then I accepted.</p>	<p>The local administrator played a preliminary role to bring me back to school. They already knew about my problems. I don't know when they registered me. They just called me and informed me that I must go back to school. As I had a very young child, I thought it</p>	<p>It is just the local government authority at the Cell level that brought me back to TVET school. At our local administration, they registered children who dropped school. That is how I was enrolled. They called my parents. I came because I wish my child and myself to have a</p>	<p>It is just the local government authority that played a role to bring me back to this school. He talked to mom and mom agreed to look after my child when I will be at school.</p>	<p>I was working in VUP and the team leader called me and informed me that the District is looking for children who dropped school and wants to register them in a TVET school. I accepted to be registered as I had a wish to study hands-on skills. After a month, he informed me that</p>

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
	<p>was not a good idea, because I had nowhere to leave him. The local government made an order that I must. I had problems getting school materials. At home they used to tell me that I am useless and that I have no future. I was determined and left my child with my grandma and my aunt. I sold a goat that was given to my child in VUP. I sold it and bought school materials. The local government organised transport and brought us here to this school.</p>	<p>good life in future. They told us the name of the school.</p>		<p>we will be studying in Kigali city in a boarding school. We met at Kamonyi District and he drove us here.</p>
<i>Q3 When do you breastfeed your children while you are at school?</i>				
	<p>My child was 11 months. I had no other choice</p>			

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
	except to seize the opportunity to come back to school and wean my baby.			
Q4. Did you endure any humiliation at school because you are a young mother?				
[No responses]				
Q5. What do you do when you learn that your child has a problem such as sickness?				
When I know that my child is sick, I become so sad as I have nothing to do, no means to assist. I cannot feel fine, I cannot study. I just go in the bed, feel too bad and wait until mom informs me that my child has recovered.	When my child is sick, they call me and inform me. Personally, I don't manage to bear this information. My child is my life. You understand that I cannot do anything when my child is sick. Studying becomes almost impossible. As I cannot do anything or assist in her medication, at some time, I accommodate the situation. This happened several times.	I am a day student. When my child has a problem, I find out about it in the evening when I get home. Sometimes, I remain home and don't come to school until the problem is solved. When he is sick, I come back when he is well recovered. For example, I have absented for four consecutive days due to the sickness of my child. My child is still under breastfeeding.	I am also a day student. When my child is sick, I know it. I bring her to the clinic until she has recovered. I have been absent for a week, and some time I was absent for weeks.	Sometimes, they call me and inform me when my child is sick. I become sad and worried. I come in class while my mind is at home.
Q6. What makes you happy as a student while you have a child at home? Do you think that other young mothers can get a chance to come to school again?				

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
I am happy because I am studying something I like. I think that I will be able to obtain a job or to be self-employed. I will be able to afford my health insurance and my dresses.	What makes me happy is that I am studying and that I have mastered the skills I learned. I think that when I complete my studies, I will look for a job to take care of my child and help him to study well. I am not sure that I will be able to get the means to start my own business. I can work for others and my ambition is to give my child a better life and to forge a better future for me.	I am happy for the skills I have acquired so far in order to become employed or self-employed. Additionally, I am happy to find my colleagues who have the same challenges as I do. To belong to a community makes me happy.	I am happy because I am studying skills that will help me to create a better future as employed or as self-employed. I wish to earn a lot and pay for my child's education so that he can study what I missed.	To be at home without education was annoying. I was happy to come here and learn some employment skills. If I get a chance to get the certificate, and then a job, I will take care of my children.
<i>Q7. What should be changed at school so that you can study better and create a better future as a young mother?</i>				
We need someone who can talk to us.	It would be good if the school could get a mom to talk to us at least once a week so that everyone gets a time to express her	I would wish this school would create a club or establish one day per week to talk to someone, especially a	We need someone who can listen and talk to us about our daily life challenges.	The problem at this school is that our teachers [stay at a] distance and don't take time to talk to us. We need to become

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
	problems. When you talk about problems, you release your tension and stress.	woman. We can talk to her about our lives so that we can become released in mind, someone to help us reduce internal conflicts.		calm, and to have self-confidence. We need to feel that we are like other students. Therefore, someone who can discuss with us such issues are needed.

Final interviews (Interviewees 1–4)

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<i>Q1. What should be done at school to support young mothers to pursue their studies in a decent environment?</i>			
The school should set up a timetable to listen to us and hear our ideas. They should create a solidarity club among us. The school needs to know about our life challenges. Most of the time, we are emotionally overwhelmed. We would appreciate if we had someone to listen to us.	If we have someone to talk to, it can release us from isolation.	I agree with my colleagues. We need someone who can be close to us. When someone is close to you, you can tell him/her your problems, and that helps you to release your stress out. When there is no one to talk to, you repress your problems and then you become depressed. We would appreciate if someone could help us	I would wish to have a mentor who can listen to our life challenges and discuss with us about our schooling.

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
		to create a club among us. It can help.	
<i>Q3. Who could be responsible for the mentorship you were talking about at school?</i>			
<p>I think they should organise us as a family composed of three categories of people: children, a father and a mother. We should have two mentors: a father and a mother. The latter may be teachers or management. The school can decide. The school committee should include these mentors who can take care of our life problems. The school will continue to host children like us, young mothers. We should not feel as if we have no family. We should find another family at school. We need some comfort. If you make a mistake and do not find someone to correct you, there is a risk of falling again [and making] the same mistake. Mentors should be part of the school</p>	<p>The mentor could be one of the school managers. One of them may take time to talk to us and pay attention to our problems and help us to be released from isolation.</p>	<p>A mother would be ideal as a mentor. Mothers know children's issues. Since a mother also gave birth, she can be in a better position to understand and advise about our problems and those of our children. Any other person can just give a consolation, but a mother can support you according to her experience of being a mother.</p>	<p>A mother is in a better position to know our life problems and challenges we face out there. If she can be available, it would be better.</p>

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<p>management. This mentorship should be permanent. This is a beginning. When we had challenges, we didn't have someone to talk to. People are there but busy in their own issues. If someone was appointed as a mentor, it could be a big difference. When you face a problem at home, a father and a mother sit down, discuss it and come up with a solution. The family should not stop at home. We should not feel lonely at school. It was extremely difficult to come here and reintegrate into the school. Some of us used to hide their new status. It was a big shame. We thought we had no value. Those were our inner wounds. We realised that we have other students who have similar problems as us. If you can find at school a family of people who</p>			

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
faced similar challenges, this can help us to overcome our own problems and stay at school.			
<i>Q4. What were supportive or frustrating aspects you came across in Rwandan culture vis-à-vis your schooling as a young mother?</i>			
<p>Rwanda still has a culture. When it happened that I became pregnant as a teenager, they didn't reject me. They didn't torture me. They welcomed me. A mistake is not corrected using another mistake. They gave me time to think of myself and think of how I can change my behaviour. The Government of Rwanda introduced different programmes to support young mothers. Mostly, we became pregnant due to poverty. We learned hands-on skills here. Poverty will no longer be the primary factor of my fall or weaknesses. It would be a shame to fall again into the same</p>	<p>When I gave birth, neighbours talked about me a lot. She was still very young, she didn't behave well, and so on. I was not completely rejected. You build trust and self-esteem, and life continues.</p>	<p>When I gave birth to a child living with disability, people talked. I was so discouraged and myself didn't understand what was happening to me. However, our government like children. Someone from the government came to my home and told me, "Every child is a child." If he didn't say so, I would not be here. Only God has protected me. In my view, at this point, I would not be alive again. Sometimes, when I look at my child, I wonder, "Why did it happen like this?" Though because the government loves</p>	<p>The challenge is that when you become pregnant, you become subject to humiliation in the family and in the community. People talk and talk: "That girl is pregnant" and so forth. I tried to hide due to that shame. It is the strongest shame I experienced. However, after I gave birth, I must accommodate my situation. As my parents didn't reject me, I started coping with the situation and being confident of myself. When I heard about the projects that take care of young mothers, I felt relieved. I built some trust and resilience: my child</p>

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<p>mistake after all this support I got from the government. I would be undermining my past.</p>		<p>children, I am still alive.</p>	<p>turned about seven years or so. I never thought that she would grow up and reach this age.</p>
<p><i>Q5. What do you mean by building trust and self-esteem or resilience?</i></p>			
<p>I cannot say that parents were not unhappy due to our behaviour. Parents told me: “You didn’t behave well. You became a shame of the family and the community.” Some people advised me to induce an abortion. My age could have been also a catalyst. I thought I was allowed to do everything. I never thought about the consequences. However, after giving birth and when your baby calls you mommy and his father is not there, you start rethinking again. I said to me, “I must change my behaviour. It is now about me; I must live for my child.” Everything I do will affect my child. Resilience is about a</p>	<p>—————</p>	<p>I trust that what once happened to me will never be any more. When you make a decision, it becomes a reality. I cannot say I made a mistake and I will make it again. I have strength to fight against my weaknesses. I pray to God, and I am sure God will assist me. This is my decision, and I must be like that.</p>	<p>I built some resilience. When I look back on what happened to me, and how being pregnant interfered with my development, I decided: a decision to stand stronger than ever. Those who thought that they could abuse me need to realise that I came out stronger and that I have a future. I strive to make my life better. I trust that tomorrow I will get a job, or I will get married as any other person. No more humiliation. That is a strong resilience I built in me.</p>

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<p>decision. There are bad guys out there, they keep come to me saying: “You are already a woman, let me do this for you and you will do this for me too.” Personally, I said though I am a woman, I am not a woman of all men. My life is now about my child. I will strive for his development.</p>			
<p><i>Q6. Where did you get strength to keep your child with you without inducing abortion?</i></p>			
<p>Abortion is sometimes a matter between you and the parents. Some parents want you to induce abortion. We were still children; I was afraid to die. I had strengths from my heart. I made a mistake, I had to bear the consequences. I had to give birth and let my child live. Some men told us, I will marry you, I will marry you, if I make an abortion. What would I say to the child’s father? It didn’t happen to me, but I thought</p>	<p>I thought about abortion, but later, I overturned my mind. I have heard about girls who died due to traditional abortion and who became sterile. I couldn’t discuss abortion with my parents. They would not accept it.</p>	<p>Right after I knew that I was pregnant, I talked to someone. She told me, “You are an orphan, you are poor, why don’t you practise abortion?” I said no, I cannot. If God gives me the child, I will look after him. When he was born, I realised that he lives with disability. One leg is longer than the other. I was in the hospital for two months and a half; he was even born before the term. The other person kept</p>	<p>I didn’t think about abortion. But when I was giving birth, I wished I could die. It was so painful. I had no experience. The doctor performed the caesarean section. I spent three months in the hospital. Other women came and after a caesarean section, they were discharged after three days. During this period, I wished myself dead. However, I never thought about abortion. I spent a</p>

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
<p>about it. After the first month, when you don't see the menstruation after the first and the second month, you start thinking about your behaviour. You think about what the society will say, you think about your studies, you think about your future, [and] start thinking about the easiest way: abortion. I thought about it but I didn't do it.</p>		<p>coming home telling me, "I advised you and you didn't listen. This is the consequence." I told her, "I will take care of him." Some time, I have a feeling to commit suicide. There are good people who advise you. When you have someone good who tells you gently, without judging you. Someone who can say your problem can happen to someone else, you feel released emotionally. A woman teacher came to me and said, "You are not the only one who has a child living with disability." There was a doctor who used to give me counselling. Some time, I decided to escape the hospital and go out to commit suicide. I couldn't bear the situation. They stopped me at the gate and returned me back.</p>	<p>whole week on labour. After giving birth, I had some infections. That is why I spent three months in the hospital. The bill was increasing every day. I regained confidence gradually as I was recovering. I thank God my child was healthy.</p>

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
		<p>When I got home, [I went to a] rehabilitation centre for young people with disabilities. I realised that my child is rather almost normal compared to other children with deep disabilities. It is there that I calmed down. I realised that I was not alone. If I [had not gone to that centre], frankly speaking, I would not be alive at present.</p>	
<p><i>Q7. What do you think about the possibility of following your courses remotely from home using appropriate technologies such as distance learning while you keep looking after your child? Would you cope with this method? Would you be interested in it?</i></p>			
<p>I would be so interested. I can plan my studies and my home activities. Children can get time to see you.</p>	<p>This is indeed very good. You can follow up about his evolution and at the same time get time to deal with your studies.</p>	<p>Studies and looking after your child would be great. Since I am at school, I don't know of his news. I think much about my child. If I can get a school near home, I will appreciate it.</p>	<p>This would be a great opportunity to study and stay home at the same time and look after your child or your family. I am supportive of this idea.</p>
<p><i>Q8. What did you learn from the discussions you have had with me so far about how you consider yourself as a young mother at school?</i></p>			
<p>The discussions helped me to build some resilience in me. I realised that I was not the</p>	<p>When I arrived here, I thought I was the only young mother. I was happy to find my</p>	<p>When I came here, I didn't know that there were other young mothers like me. I was</p>	<p>The first thing I acquired was to build resilience in me. I am so thankful. I learned</p>

Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4
only young mother in this school. I used to feel lonely and isolated. But as the discussions unfolded, I was gradually released. My preunderstanding was changing. I became more concentrated on my studies. When I meet my colleagues, we exchange ideas as people sharing the same challenge. They told their stories and I told them mine. That is how I get released. I learned that a good future is possible.	colleagues who are in the same situation as I am. I gained a lot through the discussion between us.	ashamed. I was desperate. The discussions we had helped me to feel released emotionally. Most people didn't know that I have a child. They didn't know about his disability. Those who know it are those who are here. Why? Because there was no one to talk to. There was no one whom I could trust and who could trust me and listen to me in order to be emotionally released. Frankly with you, I am released emotionally.	that there are some people who care about us. Before, I was desperate. I like the fact that you didn't compare me to those young children who study with us at this school. Meeting with my colleagues helped me to understand that I am not the only young mother in this school.
<i>Q8. Is there anything you would like to add to the discussions we've had since the beginning?</i>			
[No responses]			

Final interviews (Interviewees 5–9)

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
<i>Q1. What should be done at school to support young mothers to pursue their studies in a decent environment?</i>				
I have no means to continue my studies. I cannot	We need to have some time to meet between us and	———	We need a mentor who can give us some talk and	Parents should talk to us and listen about our

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
even pay for health insurance for my kids. I would wish that you can help us to afford at least health insurance for our kids.	with a mentor. Some of us have life problems. We need someone to talk to. We can also create a solidarity group to support each other in a case of financial problems.		who can listen to us and then discuss with us about our schooling and how it goes on.	schooling challenges.
<i>Q3. Who could be responsible of the mentorship you were talking about at school?</i>				
We are going to complete our studies and go back home. I would wish that a mentor could keep the contacts with us. Mentorship should not stop at school.	Mothers know about the challenges of raising babies. They know their needs. Another person who doesn't have a baby can take it for granted. A mother would understand better our lives.	————	I think a parent: a mother can become a good mentor. A mother usually knows about mothers' lives.	A teacher can become a mentor if he/she is interested in our lives. Since she/he will be teaching us, it can be easier to approach her/him and talk to her/him.
<i>Q4. What were supportive or frustrating aspects you came across in Rwandan culture vis-à-vis your schooling as a young mother?</i>				
The problem I faced was that the father didn't recognise his baby. My mother	There are several problems that face teenage mothers. The problem would be to fall	————	When I became pregnant, other girls who used to be my friends [attacked] me.	Though I became a young mother, I was not completely rejected. The government paid

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
<p>was supportive, but neighbours criticised my mother, saying that if she supports me, it means that I will continue to give birth to other children.</p>	<p>again into the same mistake. [...] My grandma accepted to look after my children.</p>		<p>They talked about how I was becoming a mother while I was still a teenager. As I was living in good harmony with my family, I was relieved. Luckily, I got a project to support me financially to go back to school. I started to have good dreams for my future and the future of my child.</p>	<p>for my child's health insurance.</p>
<p>Q5. What do you mean by building trust and self-esteem or resilience?</p>				
<p>----</p>	<p>Resilience: you need to build resilience. I grew up with anxiety and sorrow. They used to tell me that I am useless. However, since I was confident in me, I thought I should pray to God so that they</p>	<p>----</p>	<p>----</p>	<p>----</p>

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
	<p>realise that what they thought will not be realised. But when I gave birth, I was desperate. I thought they were correct, I was useless, I have no future. I thought my life was over. However, luckily when I came back to school, I regained confidence in me. I learned I had to be able to get a job and will make my future and the future of my baby.</p>			
<p><i>Q6. Where did you get the strength to keep your child with you without inducing abortion?</i></p>				
<p>When I was pregnant with my third child, I lived with the father for about two months. Afterwards, I went home. There was another pregnant girl who was my friend.</p>	<p>When I learned that I was pregnant, it was extremely very hard to accept it. I thought about abortion, expecting that this could bring harmony in the</p>	<p>————</p>	<p>I gave birth when I was too young. I was only 14 years old. People around urged mom to bring me somewhere to practise abortion, pretending that I was too young.</p>	<p>Personally, I never thought about abortion. I thought, since it happened, I will give birth and raise my child.</p>

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
<p>Both of us agreed to induce abortion traditionally. That girl decided to induce the abortion alone and became seriously sick. When I saw the consequences, I decided to stop my idea of abortion.</p>	<p>family. I was afraid that if the family comes to know about my pregnancy, it will become a war. But then I thought that my baby could be a chance for me to have a family, since I don't have a brother or a sister. I was afraid. If I induce an abortion, I can become sterile for good. Instead of never having a child from my blood, I preferred to safeguard my pregnancy no matter the consequences.</p>		<p>“If you don't, she will die anyway, because she is too young.” My heart was so bitter. I have heard that when you practise an abortion, you become sterile. I was so afraid. I prayed to God: Lord give me strength and don't allow me to induce an abortion. Some women and mom and I went to the hospital and requested an abortion. The doctor told us: if we induce an abortion to this child, she may also die. Mom had accepted the idea of abortion. She felt ashamed to have a child who was pregnant at this age. We</p>	

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
			filled in all the papers and did all the required tests. The last day, they asked my opinion. I refused the abortion. Luckily the abortion was not practised.	
<i>Q7. What do you think about the possibility of following your courses remotely from home using appropriate technologies such as distance learning while you keep looking after your child? Would you cope with this method? Would you be interested in it?</i>				
This would be a great opportunity to study and remain close to your children. If the study centre was near home, you can follow up the education of your children. That would be a great opportunity indeed.	No one can spoil this chance. Learning would be much better if you were close to your child. Learning never ends. If I had enough means, I would be happy to study from home near my child. I am highly interested.	————	Studies and looking after the child would be very good. You can have a time plan: time to study and time to look after the child.	I cannot say no if I was given a chance to study and look after my child. You can also get time to handle other family responsibilities.
<i>Q8. What did you learn from the discussions you have had with me so far about how you consider yourself as a young mother at school?</i>				
I was happy for the discussions. I used to sit alone	When you get a chance to find someone to talk	————	What comforted me a lot was the fact to realise that	When I arrived here, I didn't know whether there was

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
<p>and feel stressed. I didn't know my colleagues we met in these discussions. I thought I was the oldest, I thought I was the only young mother. Some students asked me whether I have a baby. I kept silence. When I learned that there are other young mothers in this school, I was happy. I was free to talk to them as they were like me. We belong to the same category of young mothers. The talks helped me to speak out and stress out.</p>	<p>to, you feel released emotionally. You helped me to speak out my frustration, I became emotionally released. I built a resilience in myself. I realised that I am not the only one who faced the challenge of becoming pregnant while I was still young. I learned that I could make my future better. I know that I can help other children who face the same problems as we did, talk to them so that they can also become resilient. We have a lot of needs, but since we just talked, and the</p>		<p>I was not the only young mother at this school. I was grateful to see that there are some people who think about us. Now when I have a problem, I speak out and expose it to one of my colleagues, and I get released. Sharing our experiences played a role in releasing us emotionally.</p>	<p>any other young mother. I was surprised to see the director of discipline in my class ask those who are young mothers to raise their hands. I hesitate to raise a hand but when I saw others who were in the same situation, I felt happy. The discussions we had together helped me to feel released emotionally. Otherwise, I used to feel always ashamed as a young mother.</p>

Interviewee 5	Interviewee 6	Interviewee 7	Interviewee 8	Interviewee 9
	financial support you gave us, I satisfied some of my needs. I had no other resources.			
<i>Q9. Is there anything you would like to add to the discussions we've had since the beginning?</i>				
[No responses]				